to aid the disabled

Proceedings of the Southeast Regional Institute for Sheltered Workshop Managers and Rehabilitation Personnel • 1963

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T O A I D T H E D I S A B L E D

Proceedings

Of the Southeast Regional Institute

For Sheltered Workshop Managers

And Rehabilitation Personnel

May 6 - 8, 1963 **** Miami Beach, Florida

Edited by Doris Margolis

Institute Direction and Administration

College of Health Related Services, University of Florida
Darrel J. Mase, Dean, and Director of the Institute

The Florida Institute for Continuing University Studies
Myron R. Blee, President
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Robert L. Fairing, Coordinator of the Institute

This Institute was made possible by a grant from the
U. S. Vocational Rehabilitation Administration.

FOREWORD

Workshops are becoming more and more an essential part of the continuum of services needed by the disabled if they are to take their rightful places in society. Workshops become many things to many people. The figure image in the community created by many of these programs is not always conducive to acceptance and employment in competitive positions of those with disabilities. Workshops must see themselves as one of the continuum of services needed by those with disabilities. These various services must cooperate and coordinate their respective programs so as not to duplicate but to be complementary and supportive.

The vocational rehabilitation personnel in the state and regional offices are in a unique position to support and strengthen the activities of the workshops. The primary purpose of this meeting was to bring together key vocational rehabilitation personnel and sheltered workshop managers in order to improve communication and understanding between these representatives and their staffs. Miami was selected as the site for this meeting since there are five workshops in the community and it was determined by the planning committee that visitations to workshops the first day should serve as a basis for discussions and considerations during the meeting. The four general areas which received attention were evaluation, personal adjustment training, placement, and management.

The planning committee spent a great deal of time and two meetings in determining participants, speakers, and the general plan for the program. The meeting was made possible by a grant from the Vocational Rehabilitation Administration.

All who receive this copy of the deliberations are deeply indebted to Doris R. Margolis, editor of the Journal of Rehabilitation, who took her vacation time to attend the meeting and who has edited the proceedings without compensation. The readers should also know that this publication was made possible as a result of contributions by The Alabama Rehabilitation Association, The Florida Rehabilitation Association, The Florida Association of Sheltered Workshops, and The National Association of Sheltered Workshops.

Darrel J. Mase
Program Director of the Institute

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Institute Program

Monday, May 6, 1963

8:00 - 9:00 A.M. Registration

9:00 - 10:30 A.M. Opening session
Chairman: John Forrest, Assistant Regional Representative, Vocational Rehabilitation Administration, Region IV

Announcements
Darrel J. Mase, Dean, College of Health Related Services
J. Hillis Miller Health Center, University of Florida
Gainesville, Florida

"Future Trends in the Workshop Movement--An Overview"
Willman Massie, Specialist, Rehabilitation Facilities
Vocational Rehabilitation Administration
Washington, D. C.

Howard Lytle, President, National Association of Sheltered Workshops
Executive Director, Indianapolis Goodwill Industries
Indianapolis, Indiana

10:45 - 12:00 Noon Panel: "Nature and Purpose of Workshop Services"
Chairman: Charles Higgins, Vice President
National Association of Sheltered Workshops
Assistant Executive Director
Alabama Society for Crippled Children and Adults, Inc., Montgomery

"Evaluation"
Therese Hite, Director, Bobby Dodd Sheltered Workshop
Atlanta, Georgia

"Adjustment Services (Personal, Social, and Vocational)"
Leonard Weitzman, Director
Vocational Rehabilitation Center of Allegheny County'
Pittsburgh, Pennsylvania

"Placement"
Asa Barnard, Rehabilitation Specialist for Psychiatric Cases
Vocational Rehabilitation
Atlanta, Georgia

1:30 - 4:30 P.M. Field trip to three workshops (Goodwill Industries, Jewish Vocational Service, and Lighthouse for the Blind). The participants will be divided arbitrarily into three groups of equal size and assigned to one of the three workshops.

Tuesday, May 7, 1963

9:00 - 12:00 Noon Morning session
Chairman: Jerome S. Bernstein, Project Director
National Institute on Sheltered Workshop Standards

9:00 - 9:30 "Improving Communications"
Willman Massie, Specialist, Rehabilitation Facilities
Vocational Rehabilitation Administration
Washington, D. C.

9:30 - 11:15 Small-group discussions dealing with evaluation services in workshops. The participants will be divided into approximately six groups. A moderator, a recorder, and a resource person will be assigned to each group.

11:15 - 12:00 Noon Presentation by recorders

1:30 - 4:30 Afternoon session
Chairman: Antonio Suazo, Executive Director, National Association of Sheltered Workshops and Homebound Programs, Inc.

1:30 - 2:00 "Principles of Management and Financing"
L. R. Jordan, Director, Teaching Hospital and Clinics
J. Hillis Miller Health Center, University of Florida
Gainesville, Florida

2:00 - 3:40 Small-group discussions dealing with adjustment services in workshops

3:45 - 4:30 Presentation by recorders

Wednesday, May 8, 1963

9:00 - 12:00 Noon Morning session
Chairman: A. M. Wilkerson, Workshop Director, MacDonald Training Center
President, Region IV of the National Association of Sheltered Workshops

9:00 - 9:30 "Legislation Relating to Workshops"
Russell J. N. Dean, Chairman
Policy Planning and Legislation Staff
Vocational Rehabilitation Administration
Washington, D. C.

9:30 - 11:10 Small-group discussions dealing with placement services

11:15 - 12:00 Noon Presentation by recorders

1:30 - 4:30 Closing session
Chairman: Michael Goodman, President, Florida Association of Sheltered Workshops; Executive Director, Jewish Vocational Service

1:30 - 2:00 "Relationships Between Workshops, Divisions of Vocational Rehabilitation, and Other Agencies"
George McFaden, Assistant Director, Vocational Rehabilitation
Montgomery, Alabama

2:00 - 3:40 Small-group discussions dealing with management problems and procedures in sheltered workshops

3:45 - 4:30 Presentation by recorders

ADJOURNMENT

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FACTORS AND FORCES INFLUENCING WORKSHOPS

Willman Massie

The workshop, like any other institution in our society, is influenced from within and without. Effective planning for the future requires that the factors and forces be known and, hopefully, understood. Then, and only then, can sound thinking and planning be done.

This material was prepared in an attempt to identify several of the factors and forces at work. Undoubtedly, many more could be mentioned.

The Vocational Rehabilitation Administration received a letter from a person who identified herself as the head of a bureau for mentally deficient and epileptics. I would like to read to you one sentence from this letter: "Although I have knowledge of a number of individual mentally retarded persons employed in a number of sheltered workshops, I do not know of any which have made the mentally retarded a group of primary concern." This letter was dated December 30, 1952; the person who answered this letter was Dr. Salvatore G. DiMichael, who was on our staff at that time and who is now our regional representative in New York City. When he wrote to this woman, he said, "To my knowledge, there isn't a single sheltered workshop for the mentally retarded in this country, although we have been told that there are a number of workshops that serve some of the mentally retarded." This was less than 11 years ago. Today the workshops for the mentally retarded represent the largest single group of disability workshops in this country.

For many years, workshops for the blind were the largest in terms of numbers; I think there were 100 to 125. I could not tell you exactly how many workshops for the mentally retarded we now have, but I would say the number exceeds 140 or 150, and they're still growing. Things happen fast. And even though it has only been two years since this group met at the University of Alabama in Tuscaloosa, a lot of things have happened since that time that are also influencing the workshop field.

The facts that I'll bring out in the course of my remarks, in themselves, are interesting, but they don't mean too much--just bare facts; the important thing is <u>what these facts mean to you and to me</u>. The more you think about these facts, the more implications you will see in them.

The first thing that I would like to call to your attention is the increasing interest in the reduction of dependency. You know and I know that the state legislatures and Congress are increasingly concerned with this whole matter of dependency. "What can we do with these people who are on welfare rolls? Do we have to leave them there indefinitely?" I think we have proved that through the use of workshops, rehabilitation centers, and other kinds of facilities a substantial number of these people can be removed from the welfare rolls. There is no need for them to remain dependent on the rest of us for the rest of their lives. Workshops will play a very major role in attacking this whole problem of dependency. I think this is one of the main reasons so much is being said about the need for more workshops to accommodate more people.

A second consideration is this matter of special education. During the past 15 years there has been a substantial increase in special education for the severely handicapped. This was a neglected group for many, many years,

but today many school systems are offering special education for handicapped children. But after this period of education in the public schools, then what? The parents of these children are not going to be satisfied for them to come home, look at television, and stay around the house all day long with little, if anything, to do. The parents of these children have created pressure for an adult program as an extension of the effort in special education. The sheltered workshop is one type of adult program which interests many parents.

I would like to read a few recommendations from the final report of the President's Panel on Mental Retardation as these items particularly pertain to workshops:

1. "A Federal program should be established to provide financial support for constructing, equipping, and initial staffing for sheltered workshops and other rehabilitation facilities."

2. "Sheltered work opportunities for the mentally retarded should be extended beyond the traditional workshop setting."

3. "National, state, and local committees on the coordination of education, vocational rehabilitation, training, and placement services should be organized."

4. "There should be an expansion of the training of personnel for workshops."

The report particularly noted the following: "Since workshops are a vital force in helping the mentally retarded to become productive, it is essential that they be well managed."

In connection with some of these recommendations, the Vocational Rehabilitation Administration in January brought to Washington a panel of people to sit down with us and explore the training needs in the sheltered workshop field. The panel agreed that there is a desperate need for more training of workshop managers, floor supervisors, and professional personnel. The panel members felt that even though an individual working in the workshop may be a trained psychologist or a trained social worker, still there are certain kinds of additional training these individuals should have to improve their effectiveness. The recommendation was that this training for workshop managers offer both short-term (ranging from three days to six weeks) and long-term (up to nine months) training. Right now the University of Wisconsin has a planning grant from our office, and for the next several months the University will be planning a nine-month curriculum for training workshop managers. We anticipate that the final program will include approximately half-time academic or classroom work, and about half-time in a carefully supervised and meaningful internship period.

In addition, the recommendation was made that we establish 12-16 week programs to train floor supervisors (work supervisors). These programs would also be tied in with institutions like the University of Wisconsin.

We anticipate that another request will come in from one of the California universities to do something similar to what is being planned at the University of Wisconsin. The amount of training offered in the workshop field has not been great. You folks down here in the Southeast are to be commended for the number of workshop institutes you have held; the only region in our country that has offered more training to workshop people is the San Francisco region. But even here in the Southeast this is only the third time you have gotten together on a regionwide basis. In addition to these university efforts to offer some training, VRA plans to intensify the short-term three-to-five day training institutes in order that you folks may come

in, share some ideas with one another, and hear some of the things that are going on. Such training should not be limited to workshop managers, but should include floor supervisors, contract procurement men, work evaluators, and other professional personnel. Specialized training is needed in many instances, for example, two- or three-day institutes on the subject of contract procurement for workshop personnel engaged in this activity.

Another thing I would like to touch on briefly is the whole matter of automation. How is it going to affect workshops? How is it going to affect the placement of the handicapped? These are the questions that are also being asked by the National Rehabilitation Association. Some months ago a subcommittee was appointed by NRA to explore this whole matter of automation and manpower utilization. Some workshop operators have benefited by mechanization; others feel it has hurt their workshop operation. There are wide differences of opinion among the so-called experts as to the impact of automation on employment. But they all agree that we need far more information than we have at the moment to really say what the impact is.

The interest displayed by a wider area of professional disciplines will have major significance for the development of workshops. As these workers wake up to the possibilities of sheltered workshops, they will attempt to influence the direction and orientation of the workshop program.

Special interest groups representing different disabilities play a tremendous role in the establishment of workshops and will continue to exert substantial influence toward the expansion of such services. The workshop population will broaden and include a wider variety of clients. We will see workshops used for delinquents, parolees, the culturally deprived and socially maladjusted. This is already taking place.

An increasing number of state vocational rehabilitation agencies are exercising an important leadership role in the development and utilization of workshops. For instance, in 1959 the California state legislature passed legislation for a program to provide consultation to rehabilitation workshops. The law provided that the state vocational rehabilitation agency should contract with persons or firms for consultation in such technical fields as accounting, engineering, and sales so workshops could be advised as to the desirability of programs and techniques and the best methods of achieving workshop objectives. Approximately $30,000 a year is now being expended for such services. In June 1960, a workshop consultant was appointed to provide general consultation to workshops and to engage technical consultants in the fields enumerated above.

Several state vocational rehabilitation agencies have a staff person who is concerned only with rehabilitation facilities and workshops; within the last four months Pennsylvania and New York have added such a staff person. The Arkansas rehabilitation agency has a research and demonstration grant by which it is assisting several communities in developing a workshop. An increasing amount of state agency funds is being expended for services in workshops.

At its last biennial legislature, Wisconsin passed day center legislation which includes sheltered workshops. The legislation covers services to the mentally handicapped which include mentally retarded and mentally ill. The state will make available 40% of the cost of providing continuing sheltered workshop services for these groups. Legislation has been proposed in the current Wisconsin legislature to make funds available for building and equipping sheltered workshops.

As more workshops are established in a given community, the need for coordination becomes extremely important. Unnecessary duplication of services

and unethical competition creates serious problems for the workshops and the community.

Some of the workshops in the Chicago area have organized the Community Industrial Contract Association. This provides a central contract procurement program. The Association employs a full-time staff member who has the responsibility of soliciting work.

A member of the Association says the cooperative project has had great benefit, not only in securing subcontract work, but also in developing standards for pricing and minimizing some of the competitiveness between workshops. In addition, it has been possible for the participating agencies to accept contracts which previously, as separate agencies, they could not handle. Sharing of a contract makes available more manpower, thereby enabling the workshop to accept larger volume contracts. In addition, they have been able to accept a greater variety of contracts because of different facilities and equipment among the workshops.

The cooperative program has also assumed greater responsibility than merely procurement of contract work. The Association has sponsored meetings on specialized subjects, such as method engineering and changes in the minimum wage and hour regulations.

I believe there is a great need to improve the business aspects of workshops. At the same time workshops must not lose sight of their primary goal--rehabilitation. A prominent businessman who had visited several workshops in his community said he was appalled at some of the business practices he observed. He said his business would go broke if he maintained such poor records and followed such inefficient operations. He wonders whether the community is being asked for much more subsidy than would be necessary if the workshops followed sound business practices.

The last thing I would like to mention is the attitude of people toward workshops. We are laboring under a false impression if we think everybody accepts everything we are doing in the workshop field, and that we have no opposition. I know of at least two places where there is some opposition. I don't necessarily feel it cannot be overcome, but we have to stop and consider what these complaints are that these groups have about the workshops. Are the complaints legitimate? If so, then let's do something about them.

I am thinking in terms of labor, and I am also thinking in terms of a group out in California called the California Council for the Blind. Labor is disturbed about the wages that are being paid in many of the workshops. Labor still does not buy the idea that 10¢ an hour can be justified on any basis, even though it recognizes that according to the U. S. Department of Labor this is permissible, this is legal. Labor's attitude, generally speaking, is that if an individual comes to the workshop and works eight hours a day, he should get the minimum wage of $1.15 an hour. Labor also wonders whether some exploitation is going on in workshops. It hears some rumors that it is. Labor is also wondering whether workshops are underbidding them on contracts, and causing some members of organized labor to actually lose their jobs. So they ask, "Are you folks putting into your contract bids the legitimate expenses that should be incorporated in the bid?" And I don't know whether we can always say that in every case we can defend all of our practices.

The California Council for the Blind appeared before a Senate committee out in the California legislature and had some rather interesting things to say about workshops. You may not like what the group said, but remember--these are some of the arguments we must be in a position to answer; if we can't, we are vulnerable. 1. The Council claimed that "work and rehabilitation are mutually exclusive." It conceded that there is a place for the

so-called terminal or long-term workshop for some of our very tough cases; it also conceded that there is a place for workshops for the mentally retarded for purposes of rehabilitation. But other than that, if I understand correctly, the Council would strike the rest of the workshops.

2. The Council said workshops add a cruel burden to the handicapped by segregating instead of integrating.

3. The Council felt that workshops are an evasion of responsibility to hire the handicapped. It claimed we are making it too convenient for the employers in the community to say, "Look, don't burden me with the problems of hiring the handicapped; after all, they have sheltered workshops over here that will take care of them." Are we guilty of doing this at times? Are we making it easier for the employers to use the workshop as an excuse?

4. The Council claimed that all training facilities required are available through schools, apprenticeship programs, trade schools, and so forth; in other words, it said, "There is no need to send the handicapped person to a workshop for vocational training--he can get it elsewhere. Why does it have to be in a workshop?" Can you answer that question? Can you prove to your community and the business people and others that you're offering a better caliber of vocational training in your program than these people can get in other places in the community?

5. The Council concluded with the statement that handicapped persons don't need training, just full employment opportunities, such as were available during World War II.

You may not like some of the things these people have said, but "if the shoe fits, you have to wear it." I wouldn't want to feel that any of the points they brought out could not be defended, and yet I am afraid there may be some places where some of these complaints the California Council for the Blind has are legitimate.

In closing I would like to quote to you a little quotation I read from Abraham Lincoln the other day: "You cannot escape the responsibility of tomorrow by evading it today."

TRENDS IN THE WORKSHOP MOVEMENT

Dr. Howard G. Lytle

I want to talk to you this morning partly from what I observe in the sheltered workshop movement--with perhaps some critique of what I observe--and to say what I think some of the trends ought to be. We are facing certain forces beyond our control which are going to shape the trends in the sheltered workshop movement. We are being pushed into certain programs and certain attitudes and certain procedures. And we must take recognition of these forces and coordinate what we are doing with the community forces which are pushing us in certain directions.

1. The first trend I see is the rapid multiplication of sheltered workshops. The directory put out by the Vocational Rehabilitation Administration lists approximately 800 shops, half of which have been organized since 1955. Projections have been made that indicate 2000 shops by 1970. According to the directory, the daily population of sheltered workshops in this country is approximately 33,000; a substantial proportion, perhaps 40%, of these shops have less than 15 clients. The tendency for many people is to try to initiate a sheltered workshop without adequate planning as to what work will be available and what clients can be served by the work available. The workshop is started and not a sufficient amount of work is secured to keep the clients occupied.

We need to determine the proper size of a shop, how many clients must be served to justify the overhead, and whether or not we can have a shop in every local community or whether shops should be set up on a regional basis. At this particular time we are having some soul-searching on this problem: some workshops are considering liquidation; others are considering merger with other shops. The increasing demand for workshops, however, brings into sharp focus the issue as to the economics of overhead for the shops. Let's face the fact that the higher the percentage of gross income that must go into administration, overhead, and maintenance of facilities, the lower the amount available for the clients.

2. There is a significant change in the nature of the clientele which the workshops are being asked to serve. Fifteen years ago the major emphasis in workshops was on the physically disabled client. Today two groups of persons, both substantial in numbers, are being referred to the workshop: I refer to the emotionally disturbed and the mentally retarded. Service for persons in either or both of these groups is necessarily a longer-term service than that for a person whose basic problems are related to a physical disability. This may mean that fewer persons may be served in a given period of time by the workshop because of the slower turn-over due to less frequent placements from the shop. It also means that the long-term employment shop (we ought never to use the term "terminal workshop") must be recognized as a significant part of the total sheltered workshop program.

In addition to the shops which have a fair percentage of their clientele drawn from these groups, we shall also have shops for the aged. These, again, will be long-term service shops for it is practically impossible to place a person in his late 60's or 70's in private employment. We must recognize, however, that there is a legitimate place within some type of workshop for

these persons of advanced years. I think we are going to see a rapid increase in the long-term employment shops, and that we are going to recognize that they have a significant place in our total rehabilitation program as well as in the program of service to persons in need.

With this in mind it is incumbent upon us to re-think, to state clearly, and to adhere to the objectives of our own shops. I am not prepared to say what the policies and objectives of any individual shop should be; the shop management and the board must determine some of these questions for themselves.

3. There is a growing recognition of the value of work in and of itself as a rehabilitation tool. A recent article in the Journal of Mental Deficiency pointed out that simulated work situations or made-work situations in a hospital environment were not able to produce as significant results in the rehabilitation of a hospital patient as was a real work situation, whether or not that real-work situation was in a workshop or in a subcontract operation within the hospital environment. Our own experience with referrals from psychiatrists bears out the same conclusion. One psychiatrist pointed out specifically to us that there is a value in the workshop, brought about by acceptance of a man by his peers, by his engaging in productive activity, and by his being paid wages for such activity, that is superior in its therapy value to any counseling session in clinics or other environments.

In our society productive work for which proper wages are paid has a value in helping an individual to achieve status and self-confidence. The workshop which has a sound industrial program and adequate wage structure and which produces goods which go on the market and are sold at a competitive price is doing rehabilitation by that process. The value of a workshop is not necessarily in its counseling program nor in its "baby-sitting" activities, but in the work that is accomplished within the shop.

4. The communities in which the workshops function are more and more taking a look at the economics of rehabilitation. I realize that it is impossible to translate personality values into monetary terms. The fact is, however, that we have workshops that require a subsidy as high as five dollars for every one dollar produced as a result of the work. I recently made an analysis of the operation of one workshop and found that it spent $235,000 to produce $135,000 worth of goods for sale. That workshop did not place one person in private employment. Its daily population was approximately 35. This means that the workshop was receiving a $3,000-per-year subsidy for every employee. The community involved has decided that this is too expensive an operation, and the workshop is about to be liquidated. These illustrations serve to point out the issues which communities are beginning to face in a reasonably realistic fashion.

There is another factor involved in this. Can we determine the actual cost of moving a person from unemployability to private employment? The determination of this cost in any given workshop will help to secure community acceptance of the services and the program of that workshop, providing the figure is reasonable. I'm not prepared to say what constitutes a reasonable figure; every community must do that for itself. Somewhere along the line, however, we have to begin to relate the cost of the services in a workshop with the results that are achieved by the shop, whether those results be in terms of placements or in terms of wages paid to disabled clients and workers.

In order to assist the workshops in this particular aspect of self-evaluation, the National Association of Sheltered Workshops has a committee at work developing an accounting program which, if properly used, will enable the shop to analyze its costs and to justify the cost of its services to the community. However, much more important is the picture which the workshop director will have of the shop's cost, which will enable him to determine where

the shop program is weak, where it is strong, and where attention is needed.

5. Workshops are being pressured for adequate study and evaluation of subcontracting. Pressures are coming from labor organizations and from private industrial firms with which sheltered workshops compete--whether they think so or not. In addition, the Wage and Hour Administration is beginning to take a more critical look at wage and pricing policies in the workshop; it is commanded to do so by law, and failure to carry out the mandate as provided in current legislation and regulation will result in more inflexible legislation which will seriously handicap every workshop and its services.

Basically, the problems result in the failure of workshops to take into account all costs in pricing subcontracts. Some of these costs are supervision, materials handling, utilization of space, utilities, accounting, secretarial, and general administration expenses which are involved and which are a part of the cost to be met in every industrial job. All workshops want to price their work as low as possible to be sure of obtaining an adequate supply of jobs for their clients; workshops get the balance between the price and the actual cost of operating the shop as a subsidy from the community, from interested persons, or from VRA grants. However, all of these sources of revenue are beginning to take a critical look at the basic question of whether or not the firm subcontracting work to the sheltered workshop is entitled to this subsidy from VRA or private contributions because the workshop has underpriced the work to be done.

6. Workshops are beginning to get a new look at the professional skills required in staffing the shop. We have known for some time about the need for such services as medical, occupational therapy, physical therapy, psychological counseling, social work, rehabilitation counseling, and placement. We are now coming to realize, however, that management is a profession in and of itself, and one badly needed in sheltered workshops. The business of management is to coordinate the facilities, the tools, the raw materials, the shop supervision, the clients, and the professional skills enumerated above to get the job done so that the client is assisted to become as productive as possible.

The workshop has problems of lay-out, flow of materials, materials handling, tool arrangement, work simplification, and all of the other factors that go into industrial enterprise. Handling these problems requires industrial know-how. Coordinating industrial know-how with work procurement and sale of product is a management responsibility. Solution of the problems of industrial production is imperative. If we are to render the best service to our clients, we must give them everything that knowledge of industrial operations can make available to them so that they may be as productive as possible and earn as high a wage as possible. We cannot afford to alibi for slipshod work or inefficiency on the grounds that we are "doing good."

In this particular area we are learning again to appreciate the function of the individual who fills the role of work supervisor, foreman, or whatever other title you may give to this person. The foreman who supervises the client 40 hours per week in his actual work situation may well have a greater influence on the clients and contribute more to their rehabilitation than any of the persons involved in the professional disciplines. VRA now has before it a request for a research demonstration grant to determine the qualities that make for the best foremen or work supervisors. The National Association of Sheltered Workshops is also engaged in a study of the skills and knowledge which the workshop manager needs. As a result of these studies we hope to be able to give better direction to training programs for operational staff within the workshop. The important thing is the growing recognition of the value of persons who have these skills in the workshop.

7. There is a growing trend, as exemplified in certain workshops in the Southeast, to become suppliers for industry rather than merely subcontractors --i.e., industry wants a certain item delivered to it; the item must be delivered in certain quantities and each unit must meet certain specifications. Industry does not want to go out and buy the raw materials, shape them, fabricate them, and then send them to the workshop to be assembled. Industry wants to buy the total unit--raw materials, fabrication, and assembly all completed.

In the same pattern is the new development within the National Association of Sheltered Workshops. The Association is working on securing some priority, similar to that granted workshops for the blind, to sell supplies to the government. If we are successful in this effort we shall hope to be in a position where we can ask workshops to manufacture certain articles for delivery for General Services Administration. The workshops will be responsible for securing the materials, forming them, and putting them together into the finished unit.

This will require a large investment of capital on the part of the workshop. It will also require a certain degree of skill in the area of purchasing materials and of designing methods of work. It will involve mass production activities for a limited period of time. It will involve securing the most efficient tools and equipment. Subcontracting, in the sense in which it has been carried on in workshops, is gradually giving way to the business of supplying industry, and perhaps the government, with materials which industry and government want.

8. There is a growing realization that the sheltered workshop needs adequate capital if it is to do its work properly. The average capital investment for every job station in the U. S. industrial commercial complex is approximately $15,000. In many workshops the capital investment per job station is less than $1,000. Too often the community attitude has been that any old abandoned building, any junk tools and equipment, and any third-rate industrial procedures are adequate for sheltered workshops. That day is fast disappearing. In order to provide adequate opportunities for our clients we have to give them first-rate physical facilities, first-rate tools and equipment, and first-rate supervision. This requires capital.

If you can use a machine costing $2,000 to do the work of two men who ought to receive $2500 a year each, you would do well to secure the machine. If you don't have the machine, you can't compete in getting the work the machine will perform. If you do have the machine, you are training a person to use that machine and making it possible for him to go out into the private industrial world and compete as a person in that world. If you do not use the machine that can do the work most effectively you limit the productivity of every one of your workers and thereby you limit his earning capacity.

We can no longer carry on our workshops in inadequate buildings with poor lighting, with improper plumbing, with facilities that require wasteful layout and flow of materials. The correct capital investment for any given workshop depends on the type of work the workshop is undertaking. We must face the fact that if we are to perform our services in an acceptable manner, it is going to take a substantial capital investment in all of the factors that make for a progressive and productive business.

9. Finally, there is a growing demand for publication of standards for sheltered workshops and a system of accreditation. Communities and VRA are no longer going to invest in inferior institutions and programs of serving. They want to know what workshop people themselves feel. A minimum requirement for accreditation of a sheltered workshop is measuring up to proper standards.

No one pretends to say that the standards document which will come out of the National Institute on Standards for Sheltered Workshops is a final document. No one will say it is a perfect document. It will be a document that will be expanded, contracted, amended, and changed over the years, but it is a start in saying what a sheltered workshop ought to be, what it ought to do, what services it ought to render, what personnel is needed to render those services, and what the results ought to be. From the day the final document is published there will be a demand for raising the standards. This is good. It means that we who are in the sheltered workshop movement have a sense of responsibility to see that, to quote a friend of mine, "Nothing is too good for the handicapped workers in the sheltered workshops."

Question: I would like to know Mr. Massie's reaction to the suggestion that the government stay out of workshops.

Answer (Mr. Massie): Whether we like it or not, I think we are going to find more and more workshops operated by government units. Regardless of whether a workshop is developed by a voluntary agency or a governmental agency, the thing I am concerned with per se isn't ownership quite as much as the quality of service. VRA does not advocate one as against the other. We feel that in the natural process of evolution the voluntary agencies will develop some workshops, and state agencies will develop others. But hopefully, regardless of who develops them, they will be developed on the basis of need, will be staffed properly, and will render effective service. I think there is plenty for both of them.

PANEL: NATURE AND PURPOSE OF WORKSHOP SERVICES

I. EVALUATION

Dr. Therese Hite

Our primary purpose in the evaluation process is diagnosis--discovery of the client's assets and liabilities--so that the training program can be adapted to meet his particular needs, and so that a realistic vocational goal can be set for the client.

A good evaluation program must be multi-dimensional. We must remain aware of the fact that the handicapped person is a person--and has feelings. The handicap is not confined to the injured limb, the impaired vision or hearing, the brain-injured intellect. Much too often, we do not recognize the impact of family feelings about the handicap but, more important still, we do not recognize that we are dealing with another human being who, just as you and I, has a concept of himself as a human being. Have you ever thought that this self-concept may very well be incompatible with the self-concept which the handicap necessitates? Once the medical doctor has done what he can do to repair, restore, or ameliorate the physical damage, it is up to us in the workshop setting to repair or ameliorate the psychological damage.

The comprehensive evaluation program must include assessment of self-confidence, intelligence, coordination, appearance, visual and auditory acuity, social maturity, emotional health, work habits and attitudes, and a variety of other variables--each of which may have strong bearing upon the individual's potential for employment. We take the frightened, perhaps discouraged, person and, if we are skillful, if we are aware, we build self-confidence and ego strength; we help to change the person's self-concept. This, as I see it, is the most important function of the workshop.

Effective evaluation requires that all staff members have a vital part in it. The kind of evaluation program that we are talking about--one which views the client from as many different facets as we propose--cannot possibly be handled by any one person assigned to the role of evaluator. Instead, each staff member must assume responsibility for some portion of the evaluation program and must share with other staff the results of his particular experience with the client. The client can and will behave differently in different situations with different people. For example, the client who has had unfortunate test experiences may be tense, awkward, and fearful with the psychologist but may present an entirely different picture in the workshop proper, where he sits at a work bench with his colleagues. Here he may see himself as one of the better producers, may take on the role of group leader, and may well appear to be one of the most confident and more aggressive in the group.

Another important facet of evaluation is that we must make the clients' efforts "real." Even the intellectually limited are aware if sham is involved. It is not enough for the person to work; the work he does must be meaningful--it must have a purpose--and the client must be aware of this purpose. I do not, nor can I, espouse the evaluation program in which the client does tasks which are meaningless--where even if he does not disassemble what he has assembled, he knows that someone else does; in short, he is all too aware that what he does has no real purpose. Far better that he stumble along

producing little on a job which he sees being loaded onto a truck, than to experience the sheer wastefulness of a job which means nothing.

Probably the simplest way of illustrating the components of a multidimensional evaluation program is to describe the one I know best. At the Bobby Dodd Sheltered Workshop, each staff member has some role to play in the evaluation process--even the secretary who administers a simple test for assessing the client's range of practical information. In addition to this simple test, a battery of tests is given during the eight-week evaluation period. Included are tests which give information about verbal and performance IQ's, ability to follow directions, reading and arithmetic skills, and manual and locomotor coordination. Another group of tests deals with emotional maturity and adjustment; these aspects of client behavior can have direct bearing on his potential not only to get a job, but also to hold it. Testing responsibility is shared. Some of the tests are administered by the social worker, some by the assistant director, some by the psychologist, and others by the rehabilitation counselor.

Concurrent with the testing program, the social worker visits the client's home to prepare a detailed case history and to assess parental attitudes toward the client, parental handling of the client, and parental expectations of later performance. Data on birth and developmental history, medical history, school history, and vocational or pre-vocational experiences are often important in understanding and dealing with the client's present behavior; in many cases, data of this type shed light on current emotional disturbance.

Data on work habits and attitudes are gathered during the evaluation period by the workshop supervisor and his assistants. The client is given an opportunity to work at several different kinds of subcontract operations, and record is made of his production, ability to work under pressure, attitudes toward staff and co-workers, his workshop progress, and workshop behavior. In addition, production figures and payroll sheets provide objective evidence of the client's job performance.

A similar type of rating device is used for assessing the client's behavior in daily personal adjustment sessions. Here we are concerned with such things as appearance, cleanliness, courtesy, attitudes toward co-workers and staff, and progress in academic skills.

Finally, the vocational rehabilitation counselor presents a report on his observations of and discussions with the client. His vocational aims and their feasibility are reported, analysis of his work skills and habits in relation to specific jobs is undertaken, and an effort is made to determine a tentative vocational goal.

As a result of our evaluation program, we emerge with a picture of the client which encompasses his vocational, social, emotional, intellectual, physical, parental, and environmental characteristics.

Only on the basis of such a broad picture of the client can we really work effectively toward his habilitation or rehabilitation.

PANEL: NATURE AND PURPOSE OF WORKSHOP SERVICES

II. ADJUSTMENT SERVICES--PERSONAL, SOCIAL, AND VOCATIONAL

Leonard Weitzman

The word adjustment is probably not understood by many people and misunderstood by many more. Several other words are used by various professional disciplines in trying to describe adjustment. One of the words is "therapy." Another is "treatment," and I would suspect that you would have again as many interpretations of these words as you would have people who come from different kinds of backgrounds. Very simply, one could question whether or not we are really trying to remake the people who come to us for service or whether we are trying to eliminate their problem. Certainly, this is not the answer. I don't think it is possible, and I'm not sure it's desirable. There really are no basic personality changes as a result of the workshop experience. But something can happen to a person which makes him function better in spite of his problem. We all have our idiosyncrasies and we all have our nuances, but we usually manage to function fairly well in spite of these. This is simply what we are trying to achieve for our clients.

A person is a complex entity, and as such he is not one kind of a vocational or a working being and another kind of a human being in other areas. When we talk about adequacy of functioning, we must consider the total functioning person. Because man is so complex, there is no easy way to bring about the kind of adjustment we feel is necessary to enable this person to take his place and work in society.

One drawback that workshops have, among many others, is that they operate, basically, on a day-time basis, let's say from 9:00 to 5:00. Now, is it possible, really, to rehabilitate a person from 9:00 to 5:00? Can we expect that the person arriving at nine o'clock in the morning will be the same person who left at five o'clock the previous day?

Rehabilitation has been defined as a restorative process. This indicates that individuals have lost something, and we are trying to get them back to the level that they once had. However, many clients have never been anywhere, so there is nothing to restore them to. Many of these people have never had any status; they have had very few life experiences. Perhaps rehabilitation in its broadest concept is what we are talking about here. To upgrade, or to elevate, this person involves many more connotations than merely the restorative aspects.

Consider the teaching of proper work habits. Here we talk about taking orders from supervisors and working with other people, coming to work on time, and related data. But what we are really talking about is some of the self-concepts and interpersonal relationships which underlie the total adjustment process. The concept that one person has of another and the intercourse that results between them are fundamental factors with which we must concern ourselves. We might say that this happens by itself, that this is a natural thing that occurs simply because you place a person in a workshop. Or must there be special concern, special techniques to focus the attention on these specific matters and to help bring about some positive change? What responsibility does this place on the workshop personnel? As you can see, this begins to point out some very critical and sensitive areas that workshop people have to consider.

The more I get involved in personal adjustment training the less I know about what we are talking, and I am sure any two people using the term are not communicating to each other what they feel personal adjustment training is. Adjustment to disability and psychological problems are some of the most important factors with which the workshop program deals. What implication does this have for programming? Work in itself is not enough. We need to analyze the client's needs, and this is an on-going problem because his needs keep changing.

For example, we must determine whether or not the work being assigned to the client is suitable for him. This raises many problems because now we are talking about the selectivity of work--and some workshops have to take just about any kind of work they can get, and cannot worry about specific kinds of work that particular clients need to help them in the adjustment factor. However, the selectivity factor of work is highly important. For example, a workshop that puts a psychiatric patient, struggling with establishing his masculinity, in what he thinks is woman's work, is not contributing one iota to his rehabilitation; in fact, the shop may be retarding his rehabilitation.

What about some of the supporting programs to the work program? The work program is the vehicle for helping to bring into play many other services that need to be introduced to move the client along in a positive manner. Individual counseling on specific individual problems must be used in the adjustment phase (how the person is progressing in the workshop program). And here you touch on the communication and responsibilities between the workshop people who are primarily concerned with the production aspects of work and those who are concerned primarily with the adjustment problems. Group counseling is just coming into its own, and we have not yet scratched the surface in the use of group dynamics as a means for helping people to better adjustment. I'm not talking about group therapy as such, but rather a sort of socio-drama where there is role playing--one person cast as the employer and another as the employee, with the rest of the group having an opportunity to participate. Here you can go into dress, behavior, and all of the other factors that affect employability.

Trained workshop supervisors who are client-oriented as well as production-oriented use the psychologist for an assessment of the problem so that a positive plan can be structured and guidelines set up for the relationship to the client.

Now we come to social service. What about the client? Do we involve him in the adjustment program, or does he merely go along for the ride at the dictates of the staff? And what about the family? We are learning more and more that we just can't work with a person out of context without involving the whole family environment. If the parents don't accept the progress of the client and are unwilling to view their child in a new light as he begins to change, we are just butting our head against a stone wall. Many families have resigned themselves, so to speak, to their child's limited capacities, and now the person suddenly begins to do things that the parents and the rest of the family aren't prepared for. Social service must be an integral part of the adjustment aspects of the program. The use of consultants--medical consultants, psychiatric consultants, nursing consultants, public health consultants--when indicated is also important. Many of these persons can be very effective in improving the client's personal hygiene and grooming.

Workshops do not rehabilitate anyone. Nor do they adjust anyone. They are merely the mechanism or the tools for helping the client to help himself. We must give him all that he needs to accomplish this mission, no matter what the cost--financial or otherwise. Only when we very closely examine our reason for being, only when we become truly client-centered, can we play a meaningful role in helping the client to become adjusted to his fullest capacity, and to become a functioning member of society.

PANEL: NATURE AND PURPOSE OF WORKSHOP SERVICES

III. PLACEMENT

Asa Barnard

One of the more notable trends from the viewpoint of the rehabilitation counselor today is that increasing numbers of his clients are receiving services of workshops as a portion of the total rehabilitation program to restore these clients to remunerative employment. Indeed, for many vocational rehabilitation clients, especially those disabled by a mental condition, this workshop experience is a major service towards their achieving rehabilitation. As we in rehabilitation work learn more about the dynamics of the rehabilitation process, we begin to serve more difficult cases. I believe all of us here will agree that the vocational rehabilitation clients now receiving workshop services are the more difficult cases.

The vocational rehabilitation counselor has responsibility for placing his clients, and must constantly seek to increase his skill in this area. No vocational rehabilitation counselor can rightly claim that rehabilitation has been achieved for any client until that client has been properly placed in remunerative employment.

Many workshops have effective and sophisticated placement services of their own. Also, these workshops serve many other persons besides vocational rehabilitation clients. Too, these workshops are quite willing to extend their placement services to DVR clients. But let me state again, for sake of emphasis, that the DVR counselor is responsible for placement of his workshop clients. Primarily because placement includes follow-up to assure satisfactory job adjustment, the counselor best performs this mission when he interprets the client to the employer and the job to the client, then stands by with his wealth of vocational experience and judgment to nurture this new and delicate relationship into a healthy job adjustment. I am not saying that the counselor will refuse a good job lead from any workshop placement service. Rather, I am stating that there are important indications that a more effective placement can result if the job lead is responded to jointly by the client and counselor.

Besides furnishing job leads, there are numerous other ways that workshop services assist in the placement of DVR clients.

First, the workshop motivates the client for work. This is achieved by halting his "failure syndrome" and substituting therefor the growth of a new self-concept--the concept of success. The client is provided the opportunity to work with goals kept within the range of his capabilities and limitations. A patient and understanding staff encourages his attempts and teaches him skills and job knowledge. His peers accept and support him towards work. He experiences gratification in work. He becomes motivated to work. Where else but in a workshop under professional guidance and leadership could such a profound change occur? And how can placement be effected without this change?

Second, the work experience of the client within the workshop provides a work-history or work-sample, which may be the only employment demonstration period for presentation to the prospective employer. Many DVR workshop clients have never had jobs, or have gone many years without employment; or, what jobs they did have may have been of such nominal nature--possibly just mere chores assigned by relatives--that to refer to these jobs would be detrimental to the

placement effort. Most employers are extremely wary of any job applicants who cannot provide as reference some successful work history. The client's workshop experience often fills this work history requirement.

Third, the workshop evaluation provides the counselor with information which materially assists placement efforts. The evaluation supplies very satisfactory answers to most of the questions that employers want answered before accepting a person for employment. Also, by having such detailed knowledge of a client, the counselor usually has a positive attitude and confident air towards the placement effort. He is more comfortable in the interaction with employers. All these things breed poise and incentive within the counselor, who in turn buoys up the client. Favorable impressions are demonstrated in employment interviews, and more placements result.

Fourth, the esprit de corps which comes from the team approach is another workshop contribution towards placement. The counselor views the tremendous investment for each client of the dedicated and skillful workshop staff. He realizes that all this effort is nil unless he effects a successful placement. He further realizes that his placement service is a mere continuation of a series of services, all directed towards remunerative employment. Thus, he knows "the team" will be depending on him and expecting successful placement. He becomes imbued with a spirit to succeed. And he usually does, for there are few clients who fail to get placed when the counselor becomes determined that successful placements will be made.

Fifth, the workshop coaches the client in job-interview conduct. Role-playing techniques are generally used and sufficient stress is cranked into the situation so that the client usually becomes adequate to deal with any approaching employment interview. This is most important. I've seen excellent workers fail to get the job because of flunking the employment interview. Coaching the client in job interview techniques by role playing is very valuable. I recommend more of it as part of the regular workshop program.

Just as the workshop adds impetus to the counselor's placement effort, so does the counselor assist the workshop program. It is a two-way bargain, with benefits flowing in both directions.

For example, the counselor has the responsibility of knowing the vocational aspects of his community. Therefore, it is reasonable to expect him to keep the workshop attuned to local business trends, employment opportunities, and occupational demands (including job knowledge and skills and physical stamina requirements for specific occupations, levels of stress in various industrial environments, specific production standards, and wage levels). This is primarily feed-back information that would normally be gathered during any placement effort. In addition, the counselor can measure the effectiveness of workshop clients among the many employers and return this vital information to the workshop staff. In a word, the counselor through his placement activities returns a "frame of reality" to the workshop.

The fact that a counselor has this valuable feed-back information does not assure the workshop's getting it. Ordinarily, counselors do not make formal or written reports of such information. Let me suggest that the workshop staff make a concerted and all-out effort to obtain the information. When the counselor drops by to see a client, when he attends a workshop staffing, when he makes a social visit to the workshop premises, when he's present at a workshop conference, insist that he unload his community notes and feelings.

The central theme of any effective placement effort is to get the appointing authority ego-involved with the client. Once the client has gained sufficient strength to undergo an employment interview, a face-to-face meeting has been obtained, and the factual data carefully outlining the client's capabilities and limitations explained, a placement usually results--if there exists

a bona fide vacancy; if the counselor has previously contacted the appointing authority and has been able to arouse a special interest in the client, the employer becomes even more ego-involved, possibly to the extent of assuming the role of a father-figure or pseudo-therapist. Due caution must be exercised to assure that proper information is provided the employer, and that the counselor follows the case closely until job adjustment is attained.

It is helpful to approach the potential employer with the fact that a DVR client is a professionally evaluated person. A businessman successful enough to become an appointing authority recognizes a good business proposition when one is offered him. By carefully selecting the job that best matches the capabilities and limitations of a client and by effectively using the evaluation data provided by the workshop, the counselor can usually demonstrate to an employer that employment of his client is good business. And a placement will usually result from this businesslike approach.

Another aid to placement is to inform the employer of the client's symptomatology rather than his diagnosis. Never say a client is mentally retarded; rather, state that he was a slow learner in school. Never say a client has suffered a nervous breakdown or undergone a psychotic depressive episode; rather, state that he becomes easily discouraged and is prone to depression when exposed to sufficiently stressful circumstances. Don't say that a client has a compulsive-impulsive type personality; say instead that he likes to keep busy and works well in a structured, repetitive-type occupation where things are to be kept in good order. By using such language the counselor does not frighten the employer by creating the image that the client is some strange creature or bogey-man. Instead, the employer sees in his mind a dignified human being with some of the frailties of life that do not preclude but rather encourage an acceptable work performance.

The employer must understand that the counselor will be available to assist him with any problem which might arise. Make sure the employer knows that if the client does not prove satisfactory, the counselor will remove the client immediately. There will be no long-term and costly separation procedures. The counselor should give his telephone number and mailing address to the employer, and invite him to contact the counselor at any time.

The counselor should not approach the employer initially with an offer to permit his client to work at less than the usual minimum rate of pay. If the client is of such low work potential, every effort should be made to place him with an employer who already is using DVR clients at regular rates, and is satisfied. We must not let workshop clients become categorized as "cheap labor."

I cannot emphasize how important it is for all clients to be skillful in making money change. Some of my more difficult placements have failed because the client could not perform even the simplest of money transactions.

Personally, I seem to have better luck with retardates in small firms where there are no formal personnel sections. The employer usually owns the firm, and assumes a fatherly attitude towards the client. Occupations are concerned primarily with services.

Almost the reverse seems to hold for bright mentally ill clients, where I have had my best luck in the larger firms, where anonymity can be maintained, where no close personal relationship with peers or supervisors is required, and where more highly-skilled occupations are available.

Question: On placement by a counselor how does the counselor guard against the increase in insurance premium rates when a handicapped person is hired by the employer?

Answer (Dr. Barnard): I have heard this question asked many times, and I always parry with the fact that disabled clients are not accident-prone. First, I have had workshop experience to demonstrate this. Next, there is the Massachusetts story: This state set up a fund to take care of injuries of veterans who were disabled in combat, and since World War II this fund has been used less than 12 times per year. Percentage-wise, these disabled veterans have a better safety record than other employees. I find this a very valuable reference in that particular question.

Question: Is the employment agency also used in the placement of these clients?

Answer (Dr. Barnard): Very much so. I use every resource available to find placement leads.

Question: What written materials are provided the rehabilitation counselor for use in his discussion with the prospective employer?

Answer (Dr. Hite): We keep the counselor informed on a monthly basis as to the client's progress, attendance, punctuality, etc., and then when the client is ready for placement, we submit what we call a "placement report." We have found that many of the official DVR forms just don't make any sense to us, so we have devised a form which is called a "placement report" which indicates, first of all, what the individual's functioning level is, and secondly, what areas of work we think he might do well in, what his expressed interests are, and other data of this sort. We once came up with an attendant at the zoo because someone was very interested in animals.

Answer (Dr. Barnard): In regard to the information I give to the employer regarding disabilities, I say again, and I work with psychiatric cases, of course, to give a potential employer just a diagnosis means nothing. And it would scare him to death. I do such things as describe the behavioral patterns and character traits of the client.

Question: Does the counselor have the prime responsibility for placement?

Answer (Dr. Barnard): Only in the case of DVR clients. I brought with me the federal regulation that nails that right down and would be delighted to share this with you.

Report of Visit to Jewish Vocational Service

by Asa Barnard

A comprehensive orientation by JVS director Michael Goodman, Ed.D., was followed by a tour of the workshop, which included visits to each work station. Of particular interest were the items under contract for production; the variety was very impressive. The busy atmosphere well demonstrated a truly work-oriented workshop. All clients seemed to be working at optimum capacity. Supervisors seemed to be intently absorbed in their duties.

After visiting the workshop, the group returned to the Day Service Center, where more detailed functions were explained by the various staff members. This was followed by a spirited discussion participated in by most group members. Special areas of interest which provoked most discussion were:

1. Placement services available at the workshop
2. Computation of bids for contract work
3. Wages paid to clients
4. High professional calibre of workshop staff
5. Public relations of workshop, especially in connection with other agencies, organized labor, and business
6. Consultative services available to workshop.

Particular points of interest of this workshop included the following:

* Daily population of 50-60 clients
* Over 600 placements in outside industry achieved in last five years
* Less than 10% of daily population is made up of terminal clients
* Research and demonstration project involving clients whose minimum age is 50 years
* Focus on placement into outside industry
* Emphasis on work under most realistic conditions
* High degree of professional training of workshop staff.

Report of Visit to Goodwill Industries
of South Florida, Inc.

by Dr. Howard G. Lytle and Charles T. Higgins

This facility was opened in September 1959 with 45 clients. Currently, there is a total of 140 people, including staff, at the facility. The South Florida Goodwill has 40,000 square feet and six trucks can be handled at loading docks at any one time.

The facility has a current budget of $430,000; it is approximately 90% self-supporting. The board of directors is composed of 50 lay leaders, and there are 12 working committees under the board. Board members are chosen, basically, for their ability to contribute to each function in the agency program. Main functions are: branch operations, subcontracting, women's interests, plant operations, sales, accounting and business management, and public relations and promotion.

Production area occupies 11,200 square feet, and there is a 10,000-square-foot storage area. About 55% of the budget is paid as salaries to the workers, and about 10% to staff. Questions were raised as to whether or not the proper ratio of production space to storage space was maintained. Is the storage space too large proportional to space available? Store sales amounted to $267,000 in 1962.

Business management records include daily cash balance, weekly income and expense statement on an accrual basis, and the week's quota and actual accomplishments. Vocational training time varies with each department. Fees also vary, being $20 for the first 13 weeks and then $15 per week thereafter. Evaluation involves a period of four weeks at $20 per week, with $10 given to the client. Work adjustment involves 8-16 weeks, with $15 given to the client. A medical doctor gives his services to the facility, at no charge, and medical examinations, diagnoses, etc., are given at no cost. The evaluation program uses the methods of the TOWER system, but it has been found that real-work situations furnish a better basis for evaluation than samples involved in the TOWER system. Fifty-two clients were placed in employment in 1962.

This facility is the youngest Goodwill facility to be accredited under the Goodwill Industries of America accreditation system.

Our group received a cordial welcome to the facility and all arrangements were well planned. Our questions were answered with dispatch and clarity of purpose.

Report of Visit to Miami Lighthouse for the Blind

by Bernard R. Buser and Doris Margolis

The Miami Lighthouse for the Blind was the first Lighthouse to be established in the state of Florida. It opened in July 1931, with an initial client population of 15-20. The facility now serves an average of 58 clients daily.

Major Lighthouse goal is to provide paid employment, social services, recreation, Braille instruction, and rehabilitation for blind persons. The facility's program is administered by a 10-man (including clerical personnel) staff, headed by an executive director, plant manager, director of social services, public relations director, and bookkeeper (office manager). Current annual budget is $500,000.

Guiding the Lighthouse work is a 35-man board of directors, which has responsibility for setting policy and supervising the over-all operation of the organization.

Lighthouse facilities are housed in two separate buildings--the social services branch at 601 S. W. Eighth Avenue in Miami and the newly-completed industrial plant just outside of Miami in Hialeah. The Eighth Avenue facility was erected by the Florida Association of Workers for the Blind in 1941, with an adjoining building added several years later, and housed all Lighthouse activities until completion of the new plant earlier this year. The new plant has 30,000 square feet; the older building has 15,000.

During the summer there is an extensive program for blind children, and throughout the year lessons in reading, classes, field trips, lectures, picnics, and parties are held, so that each day the facilities of the Lighthouse are constantly used to the best advantage.

Today more than 50 sightless persons earn a living through employment (primarily manufacturing) at the Lighthouse. The current waiting list is 15-20.

IMPROVING COMMUNICATIONS

Willman Massie

I would like to begin by asking this group two or three questions.

1. How many of you have ever discussed your workshop program before an organized labor group? Raise your hands. About five.

2. Assuming you had a choice, to which group would you rather talk--a businessmen's group or an organized labor group?

My reason for asking these questions was to illustrate one of the so-called guidelines or principles of communication: that we have a tendency to want to communicate with groups that will understand us most readily. Now, what does this mean? It means we talk to paired groups, we talk to business people, we certainly talk a lot among ourselves, and yet many times we fail to talk to certain important groups and people in our society that should also know and understand our workshop program.

Nothing contributes more to our success and happiness than our ability to understand the other person when he is speaking, and for him to understand us when we are speaking. But we have all kinds of problems in communication. Sometimes these problems are found in the home, in which we are not effectively communicating with our spouse or children. Or we find it in the workshop in which we are not effectively communicating with staff or clients.

Words are merely symbols and mean absolutely nothing unless there is agreement between the sender and the receiver as to what they actually mean. For example, suppose I walked out of here on the street this morning and approached someone I had never seen before and asked this individual, "What is a sheltered workshop?" He may never have seen a sheltered workshop; he may never have even heard the term. Sheltered workshop means something to me. But to this individual it is a symbol that means nothing until he begins to learn something about what workshops are and what they do. I am sure that even in this group--and this is a fairly homogeneous group--there is a lot of difference between what the word "workshop" means to each of us.

There seems to be unanimous agreement among communications specialists that a person's personal interests are best served by being a good listener, and an open-minded listener. I happen to be a member of one of the Toastmasters Clubs in the Washington area, and there are three goals we try to achieve through our club activities: the first is to learn to be a good listener; the second, a good thinker; and the last, a good speaker. And this is the order of importance. Too many times we go out and start talking before we have had a chance to listen a bit to the audience we are trying to address. Remember that being a good listener is an important part of good communication. In any form of communication, whenever possible, we should give people an opportunity to ask us questions and to clarify things that they are not sure about.

Each of us has had certain life experiences. No two people have been exposed to exactly the same things in their life. And each one of us has certain basic drives. It is true that there is similarity in some of these basic drives--we look for recognition, security, success in our work, and things of that nature. But still you and I know, for example, that the basic drives between sheltered workshops and a person who might want to give you a contract may be quite different. Remember that problems in communication can come about as a result of these different life experiences and drives. This is something we often overlook.

When any group extends an invitation to me to speak, I like to find out what kind of audience it wants me to address. Will it be a homogeneous group, or will it be a mixed group? How much do they know about the subject I am being asked to discuss? Until you know these things you cannot begin to relate your remarks to their life experiences and how much they may already know about the subject. These are very fundamental points.

Even in simple communication situations, we have to let people talk back, ask questions, and clear up what may seem to us to be "simple" instructions.

Suggestion is the most powerful method of persuasion. Yet so often when we are trying to change people's minds, we use a direct frontal attack, assuming that we will just overwhelm them with facts and figures and statistics, and that this is all we need to win our point. Well, life just isn't that simple. You and I are constantly involved in this matter of trying to change people's minds, of trying to educate them. And yet did you ever stop to think that when I try to change your mind about something I am literally asking you to change your personality a little bit? Your personality is partly made up of what you think and believe about things, whether this is religion, politics, family, or what not. And so when I ask you to change your mind, I am asking you to make a little change--and sometimes a major change--in your personality. In the workshop, we're not changing the personality of handicapped people, but we are trying to get them to the point where they can function effectively enough so that they can be in a working situation. People resent change, particularly change in attitude or personality. After we become adults it isn't easy to change our personality. And still that is what we are trying to do when we try to change a person's point of view.

We usually think more clearly and express ourselves more effectively if we use definite, simple words. This is not easy. Some of you may read the column by Jim Bishop. As far as I am concerned, Jim is a very effective writer; I enjoy his columns very much. But someone asked Jim recently, "Now that you have been a journalist for so many years, what do you find most difficult in the practice of your profession?" Mr. Bishop's answer was, "Writing in simple language." And yet, have you been reading some of the professional literature lately in rehabilitation? It is not unusual to run across highly complex sentences in some of the professional literature we're asked to read and understand.

One of the worst illustrations I've seen (this is from a non-rehabilitation article) is this sentence: "There is hardly a more direct way to encourage the grasp of the essence of a method than by following a recapitulation of its evolution." Well, it so happens I was an undergraduate major in history. If I understand what he is saying, it is simply, if you want to understand the present, study the past. You see why Jim Bishop says the most difficult thing in the world is to use definite, simple language.

I'd like to acquaint you with a sure-fire formula for failure, the formula for poor communication: under-information multiplied by over-interpretation. This formula will guarantee you a very poor result in communication.

Let's look at an example. Would you all agree with me that no cat has two tails? All right, we are all in agreement. Now let's go on to the next step. Would you agree that one cat has one more tail than no cat? All right, agreed again. Now let us assume that you are talking to some group about cats; this is as far as your discussion has gone, and the people go home. What kind of a deduction will they make? Here is what they may decide after they get to thinking about what you said: They could say, "Two plus one equals three; therefore, one cat has three tails." You see, you agreed with the first two points and then went home, and so you left it up to the audience to decide just what you meant. You left something undone.

Let's apply this kind of deduction to a situation about workshops. We know that some workshops pay wages of 15¢ to 20¢ an hour to certain clients. Most industries pay a minimum wage of $1.15 per hour. Let us say you stop at this point and your audience goes home to think what they want about what you have said. Here is what they may think: "Workshops exploit the handicapped." Is this a valid deduction, or not, on the basis of what you have said? And yet, many times we are guilty of doing this very sort of thing. We open up a subject and we don't carry it far enough. We don't draw our conclusions and help the audience think through this thing with us, and they go home, and this results. You must be very careful when talking before a group, writing an article for publication, or developing a brochure about your workshop program that you don't leave some big gaps in your information; if you do, what you are trying to say may cause more harm than good.

Now I would like to talk to you briefly about definitions and workshops. I had to do some study and perusal of the literature to get some information here, and incidentally at the end of the session you will get a paper on "Terms Often Used in Rehabilitation."* I have not tried to change the definitions of any of these terms. I have taken them exactly as I found them in the literature. For example, there are three different definitions of "work evaluation" here taken from three different places, and these places are identified. There are many different terms for essentially the same kind of workshop service: for instance, "personal adjustment training," "work adjustment," "work training," "work experience," "work habits," "pre-vocational training."

Are we trying to define our terms in definite, simple words? Many rehabilitation terms are not in definite simple words; some of them are pretty fuzzy. When we do try to define our terms, are we trying to define them for other professional people in rehabilitation, or are we trying to define them so that the public can understand them? And is it desirable to use so many different terms in the workshop field?

Some of you may not agree with what I am about to suggest. But at least I hope that you will think about it and not close your mind to it. (As I have said, if I am asking you to change your thinking, I'm asking you to change your personality a little.) Let's stop to think about the public, the purchasers of service, and so forth, other groups that are trying to understand terms that we use in the workshop field. I would like to suggest that we reduce the six terms listed above to four terms. One would be "evaluation." I am not thinking only in terms of initial evaluation, but in terms of the fact that good evaluation goes on throughout the period that that individual is in the workshop, and thus comprises both initial and continuing evaluation. I would like to use the simple term "evaluation" and if you want to add some remarks to clarify this, that is well and good. But at least you have a single term, "evaluation," and this is an extremely important service in workshops.

Second, I would like to suggest some consideration of the term "work adjustment" or maybe just "adjustment services." This would include all kinds of adjustment services in which the workshop may be engaged, not only teaching the client the importance of getting to work on time and accepting supervision, carrying out directions, and so forth, but also personal and social adjustment services.

Next, if your workshop professes to offer vocational training, then just use the term "vocational training"; and if your workshop offers placement services, then just "placement services." You may ask where this leaves the psychologist and the social worker, and so forth. As I see the role of these professional people, they're working in some of these different areas. The psychologist plays an important role in helping to evaluate the client. The psychologist may also work with the client in a therapy situation, and in

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* See pp. 26-28.

connection with adjustment to the workshop atmosphere. The same is true if you have a social worker; he is going to help in the evaluation, and he may also help in certain phases of work adjustment.

As I said, you may reject the idea of something quite as simple as this. But before you reject it, I would like to ask you to think about it.

I'd like to summarize by giving you four pointers for improving communication.

1. Learn to listen. As one fellow said, a good conversationalist is a person with two good ears. I think that is probably true.

2. Try to understand those you are trying to influence. I don't think you are going to be able to communicate effectively with labor, for example, until you have a pretty good understanding of labor's point of view and how labor happened to arrive at this point of view. If you take it in the back of your mind that you just don't want to communicate with those people--"they don't understand me and I don't understand them"--the communication will never improve. As more and more workshops are developed, labor is going to become more and more interested in workshops and what is going on in workshops; organized labor has said so. We will be in a much better position to defend what we do to labor if we understand some of its basic drives and motivations.

3. Give people an opportunity to talk back, to ask questions.

4. Use simple, definite words. How many of you read the Reader's Digest? Do you know at what grade level the Reader's Digest is written? It is the eighth or ninth grade level. Time magazine is written at the tenth grade level. Harper's and the Atlantic are geared to the eleventh or twelfth grade level. Not one popular magazine is written at the college level. And yet, so much rehabilitation literature is written not only at the college level, but at the doctoral level. I think we should try to bring it down to the Reader's Digest level. If you write in language simple enough for the public to understand you, it is a cinch that the professional will be able to understand you. And remember again the words of Jim Bishop that the most difficult thing in the world is to write in simple language. There is nothing quite so complicated as simplicity.

Communication is one of our biggest problems. I hope you will give serious thought to the principles of communication we discussed today, and try to put them to use.

TERMS OFTEN USED IN REHABILITATION*

"Lack of uniformity in terminology in rehabilitation is a serious problem and it is suggested that much benefit could be gained by constant efforts to achieve and maintain a useful and meaningful yet uniform nomenclature of rehabilitation terms." (Extract from a progress report submitted by VRA-supported Research and Demonstration Project Number 329.)

The definitions below come from a variety of sources and readily indicate the lack of uniformity in terms. However, they do form the basis for any discussion intended to examine current usage of terminology and to explore the possibilities for better communication in rehabilitation.

Terms and definitions have not been modified. The list is not intended to be all-inclusive, nor does the listing imply that these definitions are better than others being used.

Work Evaluation

1. The close observation of the client's performance of a variety of assigned tasks to assess his capacity for work. (National Institute for Sheltered Workshop Standards)

2. Work evaluation is the procedure for determining a feasible vocational objective for the rehabilitee. (Cincinnati Goodwill Industries)

3. A program which provides a professionally supervised exposure of vocationally handicapped clients to a series of job samples which are taken directly from, or closely simulate, job tasks as performed in business and industry in the local labor market. The client is seen in a simulation of actual employment conditions, and is evaluated in various aspects of personality adjustment, and potentials for growth toward employability, as well as for the specifics for various job areas. (Operational definition developed by the Vocational Guidance and Rehabilitation Service, Cleveland, Ohio)

4. These services utilize the medium of work to assess the client's productive potentiality. A variety of tasks is assigned to the client to determine his physical capacity, his ability to learn work operations or to acquire skills, or to permit a variety of activities which will help to select areas of job interests. Work evaluation is sometimes labeled work diagnosis, work tryout, job exploration, job analysis, and work samples. (California Vocational Rehabilitation Service)

Vocational Evaluation

A vocational evaluation is an accurate appraisal and measurement of a client's skills, dexterity, aptitudes, and potentials for work. (Rosenberg, Bernard and Wellerson, Thelma, "A Structured Pre-Vocational Program")

Pre-Vocational Evaluation

1. A pre-vocational program is concerned primarily with the development of a client's work habits, work tolerance, coordination, and productive speed. (Rosenberg, Bernard and Wellerson, Thelma, ("A Structured Pre-Vocational Program")

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*Prepared and distributed by Willman Massie at Miami Institute

2. Exploration of the patient's abilities, including trainability, and his interests and aptitudes in an effort to arrive at a realistic vocational objective for him. The objectives of a pre-vocational evaluation are these:

a. To determine aptitudes, interests, and abilities through systematic and supervised sampling in the major occupational areas of clerical work, skilled and semi-skilled occupations.

b. To provide a specified period for the evaluation of the patient's performance in actual work situations.

c. To assist the patient in developing work confidence.

d. To assist the patient in developing acceptable work habits.

e. To determine work tolerance in actual or simulated work situations.

f. To provide opportunities for experimentation in the adaptation of vocational equipment to meet the requirements of a work situation. (The Pre-Vocational Unit in a Rehabilitation Center)

Personal Adjustment Training

This is a program of development of work habits, motivation, work tolerance, and the social relationships required for competitive employment. (Fraenkel, William, "The Mentally Retarded and Their Vocational Rehabilitation--A Resource Handbook")

Work Adjustment

1. These services consist of utilization of work and the work environment to enable the client to develop acceptable work patterns. It is a training service, as a rule limited to those clients who have no recent work experience, to enable the client to experience the employer-employee relationship in a production environment with the aim of helping the client adapt to work situations rather than for the development of job skills. (California Vocational Rehabilitation Service)

2. Work adjustment is a process whereby the disabled person, by engaging in work activity related to a purposeful goal, is helped to acquire fundamental work capacities, gain personal confidence, learn how to adjust to work activities and associates, and otherwise develop fitness for successful vocational training or job performance. (Veterans Administration)

Work Training

Development in the individual of those social and mental adjustments, physical abilities, and work skills which will help him to perform at a maximum level of efficiency. (Occupational Rehabilitation Industries, Inc., Seattle, Washington)

Work Experience

These services are given for the purpose of enabling the client to work more speedily and efficiently. Work experience provides an opportunity to apply or increase job skills, to develop self-reliance and endurance, and to harden to the demands of competitive employment. (California Vocational Rehabilitation Service)

Work Habits

Characteristics on the job not essential to the performance of specific tasks, such as: attendance, punctuality, neatness, grooming, attention span, industriousness, ability to follow oral and written instructions, and ability to work under supervision. (Rosenberg, Bernard and Wellerson, Thelma, "A Structured Pre-Vocational Program")

Actual Job Sample

A realistic reproduction of a job currently performed in local business or industry, which represents an employment potential for the handicapped. (Vocational Guidance and Rehabilitation Service, Cleveland, Ohio)

Work Samples

The term work samples should be reserved for specially developed devices or mock-ups which test specific capacities according to established norms and which require the continuous supervision of the observer. (California Vocational Rehabilitation Service)

Vocational Training

1. This is a program of specific job training in the areas in which the worker has demonstrated the greater efficiency and has the best possible opportunity for remunerative employment. (Fraenkel, William, "The Mentally Retarded and Their Vocational Rehabilitation--A Resource Handbook")

2. Vocational training is organized instruction of a definitive nature which, upon completion, is calculated to make the patient placeable in a particular job. (The Pre-Vocational Unit in a Rehabilitation Center)

DISCUSSION GROUP REPORTS

Four sessions during the May 6-8 Institute were devoted to small-group discussions of problems of evaluation, personal adjustment training, placement, and management. Institute participants were divided into six groups of equal size for these group discussions; each group included a moderator, a recorder, and a resource person. The small size of the groups encouraged informality and a high degree of participation by each group member.

A sheet of eight questions for each topic was distributed to all Institute participants; each group was assigned certain of the questions for discussion. Following each series of group sessions, the six groups reported their observations and conclusions on the assigned topics to the Institute body, and answered resulting questions from the floor. The lists of assigned questions, the respective reports of the discussion groups, and the ensuing floor discussions follow.

Group Discussion on Evaluation

1. How comprehensive should a good evaluation program be? What are the components of evaluation? What aspects of the trainees' behavior should be included in such an evaluation?

2. For whom are we evaluating--the Division of Vocational Rehabilitation, the client, or the workshop?

3. How are the results of the evaluation used? Is there danger of over-evaluation?

4. What does DVR want from an evaluation program? What role should the DVR counselor play in the evaluation process?

5. What type of reports does DVR desire? How can communication of evaluation results be facilitated?

6. Should all workshops attempt to do evaluations? What safeguards should be taken to conserve staff time and money?

7. How is evaluation actually accomplished? What instruments, scales, and devices are used? Who is actually involved in evaluation?

8. Who procures evaluations? How should evaluation be financed? How expensive are comprehensive evaluations?

Group I Report, presented by Richard Andrews. Group I had the assignment of questions one and seven. Question number one involved a discussion of how comprehensive an evaluation program should be. We decided we first had to decide what the components of an evaluation program are. We found that to discuss the evaluation program it is necessary to set forth the components of evaluation in two general terms: 1. vocational objectives, with the possibility of training to include skills and aptitudes, and 2. work capacity, to include work habits, work tolerance, etc. We felt an evaluation program should be comprehensive enough to cover these areas within our local communities. This could probably be best accomplished by having evaluation centers, for instance, in Chattanooga that are community-oriented with local application as far as vocational objectives are concerned;

for more comprehensive evaluation, clients could be sent to a major rehabilitation center which covers the complete area of evaluation. Actually, a good evaluation program should be as comprehensive as your vocational objectives within the area you are operating.

When you are evaluating a trainee, you have to take into consideration all aspects of his behavior. It must be a completely comprehensive evaluation from the personality standpoint.

How is the evaluation actually accomplished? Using the vocational objectives and the work capacities as guidelines, the counselor, the referring agency, the rehabilitation center, and the evaluation center itself have to set down a complete program on this individual client. What instruments, scales, and devices are used? We had quite a discussion about that. We felt that you have to hand-pick these instruments. To give a specific example, we discussed heart patients where a man may have a work tolerance, and you use a particular scale such as a master's tool set, you come up with a great answer; but on the other hand his heart problem may well be an emotional thing which could completely throw him over. There must be a complete tie-in with the client and with the vocational objective you have in mind and the capacity to perform this vocation, so it is all vocationally oriented.

Who is actually involved in the evaluation? Again the referring agency, which is a general term, the evaluation center, and all people who have contact with this particular client must be involved--and involved directly. The group concluded that there must be a team captain. We felt it best to utilize a group approach, whereby someone from the rehabilitation center and the referring agency would sit down and decide what these objectives are going to be and what they are trying to find out from this evaluation, and then have one person be in charge of coordinating a complete analysis of the particular client.

Group II Report, presented by Mize Lawrence. Our group considered questions two and eight. Question two is "For whom are we evaluating--the DVR, the client, or the workshop?" Our group felt that we were evaluating primarily for the client's benefit. Of course the DVR uses this information for its benefit, too, and the over-all benefit goes to the client and to the community.

Question eight was "Who procures the evaluation?" The procuring agency is the people who are going to finally place the client in either the workshop or industry. How should the evaluations be financed? DVR seems to be the biggest financier of the evaluations, although the Veterans Administration and certain universities and so forth do buy this service from the evaluating agencies. How comprehensive and expensive are evaluations? There seems to be a wide diversity of cost. It was brought out that charges of $10-$90 per week are paid for what amounts to practically the same service. It was pointed out that DVR's budget for this evaluation usually fluctuates, and this poses a problem to these evaluating agencies in maintaining a stable budget; they have a staff set up and when the client load falls below what they are expecting, it causes a deficit in their agencies. There need to be some contractual agreements between DVR and the evaluating agencies to alleviate this situation.

Group III Report, presented by Woodrow Lindler. Group III considered questions three and six. We discussed the problem of how the results of the evaluation can be used, and whether there is a danger of over-evaluation. The first step in determining how these results can be used is to determine

why this evaluation is needed; the referring agency should make this determination. The client should then be referred to the facility that can meet this need. Results of the evaluation should be used as the first step in establishing the client's eligibility and planning a program for further training and/or placement services that he might need. Results should be used by the Vocational Rehabilitation counselor and all agencies involved in the placement activities.

We felt there is a danger of over-evaluation. In the first place, the facility itself might, for economic reasons, encourage an extended period. Then too, the professional personnel might not be quite sure enough of themselves in this evaluation. Further, poor communication between the evaluation staff and the referral agencies might lead to over-evaluation. A long period of evaluation tends to develop negative rather than positive information.

Group IV Report, presented by L. J. Waller. This group addressed itself to the question, "What does DVR want from the evaluation program, and what role should the DVR counselor play in the evaluation process?" We felt that the type of center determines the type of evaluation requested; also, that job performance in small shops is the most commonly requested evaluation service. Workshop directors need information from the counselor and vice versa; there needs to be a definite exchange of information. A written report, setting forth the client's history and other pertinent data, and also specifying the type of information DVR would like to have, should precede the client to the workshop director. There was a conflict of opinion in Group IV as to whether or not the psychological report should be sent to the workshop before the client arrives.

It was felt that the rehabilitation counselor should be involved in the staffing of cases. Many workshops have liaison counselors from DVR. The face-to-face sessions between workshop director and rehabilitation counselor are very good. The evaluation process in most shops was considered to be as follows: 1. Orientation of client to shop; 2. explanation of relationship of DVR and shop; 3. ascertaining of academic level, reading level, ability to use tools and measurement, and client's manual dexterity and perception. All these items begin to pinpoint abilities which will lead to job areas and work tasks in which the person can function. Some workshop managers felt that the rehabilitation counselor in their area didn't take enough interest in their clients and failed to furnish any guidance or counseling during the evaluation period. There was some feeling in our group that there might be a little danger in evaluating or putting too much stress on evaluation in subcontract work other than for work tolerance determination. In closing of cases, it was felt by one or two members that sometimes the workshop was asked to close cases when these clients really had potential to go out and work in the community. The group frowned upon this and felt it was professionally dishonest. Real work in evaluation was considered to be very important to the dignity of the individual. Also, our group felt that specific skill was not as revealing to a counselor as information regarding behavior of the client, his activities of daily living, his adaptability, and so forth.

Group V Report, presented by Hubert Gilmore. Our group considered question five: "What type of reports does DVR desire, and how can communication of evaluation results be facilitated?" In brief, the type of report that rehabilitation desires is one which gives the diagnosis and prognosis of the case. But DVR also wants the workshops to include the processes that they have gone through in arriving at the prognosis and diagnosis; these

evaluations would come in the area of the client's physical abilities and limitations, endurance, conditions under which he can work best, personal adjustment, relationship to other people, interpersonal relationships or attitudes, and psychological and social aspects--and how they arrived at these traits. It was emphasized that in these reports it is good to give specific findings. For instance, a counselor may want to know in what type of training facility this person could be best trained, or could he be trained in this workshop.

Regarding facilitating communication between the workshops and Vocational Rehabilitation, it was suggested that we have a general orientation of counselors toward the workshop setting. Let them see what goes on in the shop. Also, it was suggested that it would be helpful for the counselor to come in and see the actual evaluation process as it takes place. Evaluation personnel could also profit from sitting in on the DVR staff meetings to get some idea of what they are like and the policies under which counselors work. The counselor and the evaluator need to discuss specific cases before the evaluation. It is suggested that this discussion be a continuous process during the period of evaluation, and that the evaluation be elastic. There is a need to follow up on the evaluation after the counselor has received his report. He may want to be in contact with the evaluator in person or by telephone as much as possible to clear up anything that might not be clear. In cases where this is not always possible, a liaison person might be used to help to bridge the gap between evaluation center and counselor. It was suggested that brochures and other literature from the rehabilitation and evaluation centers be used in order that they may understand each other better. It was also felt that there is sometimes a lack of communication with other agencies or the community. Council meetings with other agencies might be of benefit in helping to bridge this communication gap. The evaluator, rehabilitation personnel, and representatives from other agencies should get together so that they could develop the same point of view; this would help in understanding the total personality of the client. The prime objective is that we get the client's diagnosis and prognosis from the vocational objective standpoint.

Group VI Report, presented by Sigfried Dayan. Our main objective was to discuss whether workshops should evaluate. We agreed they should, and then went on to discuss the component parts of evaluation. In medical examinations, we felt that a more comprehensive exam--not from the standpoint of what the doctor does, but from the standpoint of what he tells us concerning specific jobs and placement--would be very helpful. In discussing self-concepts it was brought out that not only should we know what a person thinks of himself but also what he would like to think of himself in order to assist this person to reach this level. In evaluation we can use various tests to ferret out job skills, but we don't really find out what the person can do until he is on the floor of the workshop doing the job. In evaluating this person's placement we should also consider the community to which he is going to return and from which he came. I believe all the other things that we came up with have been already discussed.

Question (Dr. Howard Lytle): Are wages part of the real work situation, and is the real work situation an absolute necessity in the evaluation?

Answer (Dr. Michael Goodman): Two months ago a number of us met up in Washington. This was the committee on the revision of the handbook for the operation of the sheltered workshop. The number one point coming out as

gospel from NASWHP is the fact that the workshop is a work-oriented facility. It is nothing else. It is not a baby-sitting place, it is not a lot of theoretical hogwash, but wages and the work situation and the vocational objective of the client--the client's needs in terms of vocational movement. This is the reason workshops really exist. And if anybody says that wages do not play an important part, we'll argue with them to the end.

Answer (Willman Massie): In the workshop we try to make as realistic a work situation as we possibly can. Otherwise, these people are not ready to graduate from the workshop right into so-called business or industry. I'm afraid a lot of times we have this problem--we haven't conditioned them to where they are really able to go out and work under pressure and under the conditions of industry. I realize it is very difficult sometimes to simulate a real work situation in the workshop, but this is the desirable objective, and we should try to duplicate it.

Question (Dr. Therese Hite): Why should the workshop simulate a work situation? Why isn't it a real work situation?

Answer: I think the word simulate is more accurate than to say that the workshop actually looks and operates like an industry. Sometimes the workshop atmosphere seems to be far more permissive than it would be in industry--I think too permissive. We sometimes lull ourselves into believing that it must be this way. But if you are not able to bring this permissiveness up to the point where these people are working under pressure and so-called industrial conditions, you have trouble when you try to place them and keep them placed. I have visited about 50 workshops around the country, and not all of them are creating a realistic work environment. They should, but they are not.

Question: We have been criticized by people in Birmingham for putting on what they call extreme pressure. If we don't put on a little pressure here, what is going to happen when they go out in industry? They'll be right back in the workshop, and we won't know what to do with them. Wage and Hour seems to play a part in this thing. In the work situation, they are going to expect something from it.

Answer: I am afraid that we may be too general about what we are talking about, mainly evaluation. Evaluation can be carried on in many forms. In evaluation that is carried on in subcontract work, workshops are obliged by law under their Wage and Hour regulations to pay the individual who is performing the subcontract work, regardless of the purpose--whether he is actually working, whether he is being evaluated, or whether your purpose is to increase his own adjustment to work or conditioning, or whatever you want to call it. On the other hand, we shouldn't be too rigid and say that we can't use work samples which are not necessarily contracts which the shop may have, but which are the kinds of things on which you may need to evaluate this individual; you don't necessarily need to pay this client while he is being evaluated on your work sample. We should examine what we are saying and not be too general and condemn evaluation across the board. Many workshops fall by the way-side in evaluating their clients because they evaluate them only on contract work that they currently have in the workshop; they get a very minimal, constricted report or evaluation of their client, which does not do him justice.

Answer: One of the criticisms I have heard is that Wage and Hour has not enforced the regulations sufficiently well. I know of a large rehabilitation center that has a very elaborate evaluation program, almost all of it involving work for which the center receives some payment. The center pays

nothing in the way of the salary or any kind of remuneration to the individual doing this work. It is not only up to Wage and Hour to function as a kind of enforcement agency; it is up to the workshop managers and directors to meet their moral and legal obligations.

Question: Has anyone come up with the component parts of an initial evaluation, the first evaluation in the workshop, or at the point of referral? What is the initial evaluation?

Answer (Dr. Robert C. Adair): I happen to be a Goodwill worker and I disagree with just paying people for evaluation. My Goodwill [St. Petersburg, Fla.] does not do it that way. This initial evaluation that we do is not paid work. It is a structured evaluation based on a modified TOWER system with work stations which evaluate such skills as clerical, mechanical, etc.; I don't remember offhand the others, but I think we have 32 different work stations. After this initial evaluation, the clients proceed on to the workshop if the purchasing agency wants them to do so. For further evaluation at this time, they are paid, and then they do productive work. Having tried both systems, I like the second system, the one I am now using, much better.

Answer: What we were trying to do was to define evaluation, using this word "initial" to start with. We thought that first of all somewhere along the way we would need to make a psychological evaluation, a determination of this person's work, social, and religious history. We have to do something about determining this person's self-concept. We talk about his motivations. On top of this we come to this question of "What does all of this add up to?" This is where the workshop comes in. We said you have got to put this person in something that we call a peer group. We want to see how he interacts with people. The last thing that we wondered about was when you get him into this realistic setting, how well does he do this thing and what can you do with it from there? Where do you take him to reach this goal that his evaluation shows has potential?

PRINCIPLES OF MANAGEMENT AND FINANCING

L. R. Jordan

We at the University of Florida firmly believe that if you are going to train a health team--whether it be physical therapists, occupational therapists, nurses, or doctors--that the best clinical training they can receive is in an environment in which quality patient care is being administered. You and I have a lot in common because those of us in a hospital do so much charity work and because we are involved in so many educational programs. We like to say, "Well, we are different. The principles that apply to other organizations and businesses don't apply to us." We always like to put the spotlight on somebody else. But I am a firm believer that the main principles and ideals of management are applicable to all organizations, whether it be hospitals or whether it be sheltered workshops.

A major problem in principles of management is losing sight of our over-all purpose. Here again it doesn't matter about what we are talking. If we are talking about organizations, we are talking about management, because any organization, regardless of its type, if it is to be successful must have a good management structure and observe good management principles. The main purpose of any management organization is to create an environment in which individuals can live a productive life. We do not have management for management's sake. Management is a means to an end, and in your sheltered workshops you certainly have an over-riding definite goal and purpose. Good management is one of the tools that helps you achieve the ultimate goal or objective of your organization. My remarks today are going to be directed to you as managers or executives who are interested in creating an environment in which handicapped persons can become productive citizens.

Management is both a science and a philosophy; it is not just one or the other. The science is the analytical part of management in that it deals with all the techniques of organization and management. It seeks to resolve these functions into their various parts and to describe each element in critical detail. The philosophy side of management is the synthetical part.

This aspect undertakes to combine the components of organization and management into a coordinated whole and to define the principles and purposes that should govern administrative or management practices. Each workshop has a philosophy of management, and those people working or training there know this philosophy. We have to take into account two main points in this practical philosophy of management. (1) What is the reason for our organization's being, its true purpose? This is the philosophical aspect. (2) What are the principles that govern the effective operation of our workshop? This is the scientific aspect. These two aspects give you the basic policies and objectives and the means that are employed to achieve them. How you react to the science and the philosophy of management will determine how you achieve the objectives of your organization.

The philosophy of management must be consistent with recognized principles of organization and management, regardless of the size of your organization. Good management principles and techniques should be employed. Just because you happen to be working in something that is quasi-charitable or quasi-educational does not mean you can throw good management principles and

techniques out the window and expect to survive. The philosophy of management must be of such a character that it is the dominating influence in shaping the policies and achieving the objectives of an enterprise. The philosophy of management tends to conform to the personal philosophy of the administrator or manager; this person has a tremendous influence on the entire organization and everyone that enters that organization.

In breaking down the practical philosophy of management the first, and to me the most important, aspect is the leadership that is going to be provided this organization. Organizations are built from the top down. The primary task of workshop directors or managers is to provide the necessary leadership for their organization. True leadership is a process of mutual stimulation of leaders and followers. Too often we forget that in order to achieve a high quality of leadership it is essential that we have close communication with the followers, the people who are on the line, that we keep in touch with them, that we know what their problems are, and that we benefit from their suggestions. We have so many people who will accept the salary, the title, and the honors that go along with a leadership position, and then sit back and expect the organization or the members of this organization to push them. They do not intend leading and do not try to. Benjamin Franklin once said that the risk of democracy is that the leader will try to please the people rather than serve them.

The second main point concerning principles of management is authority. This is truly the basis of leadership. Authority is ineffective until delegation translates it into useful performance by assigning responsibility to others. This is a common failing of many who get into responsible positions. We look in the mirror too much. It is the big eye, unfortunately, and we get over-consumed with our own importance and our own abilities. We begin to think, "Well, no one else can do this as well as I can. Therefore, I will do it." This is not real leadership; it is no genuine use of authority. Once you take the responsibility and have the authority, it doesn't really become effective until you delegate it and get other people working with you toward the common goal. Authority and responsibility must be equated because to be held accountable for responsibility over which one has no authority is intolerable and is concrete evidence of bad administration.

The third principle we must consider in terms of our own individual workshops is decision-making. This lies at the foundation of authority. Why have the position? Why have the authority if you aren't willing to make the decisions in order to put these other things into operation and to achieve the goals of the organization? Every leader has the responsibility to say "yes" and to say "no" and to determine courses of action. Decision-making consumes the major portion of any leader or manager's time. Its effectiveness depends upon knowledge and judgment, not unyielding adherence to opinion or prejudice, but compromise and adjustment to situations and circumstances.

Most of us accept the decision-making role of the executive with some reluctance. We take the money, we take the title, we take the honors, but we balk when it comes to making the decisions that are really the fuel for the organizations. These decisions fed into the organization are going to make it alive and vibrant. At first, this decision-making role may not fit any of us too well. But self-development can eventually aid us in growing to fit this most important executive's suit.

Decision-making depends upon the fourth principle of management, which is communication. I know of nothing that gives small, medium, or large organizations as many problems and as much difficulty as communication. But for our purposes today, suffice it to say that communication supplies information for the formulation of decisions and makes possible the translation

of decisions into action. And sometimes, if the actions aren't what we want or expected them to be, if we trace them back we find that somewhere along the line the decision was garbled--and the communications channel was defective. The person who is quiet is not the only one who says nothing. Channels of communication must be kept open for the unobstructed transmission of orders, ideas, and suggestions. Communication has to go downward, upward, and laterally, to and from all levels in an organization.

Here the lesson of the keyhole is extremely significant. If you walk up and try to look into the next room through the keyhole and you stand three feet from the keyhole you get one view of what is going on inside the next room. However, if you move up and place your eye against the keyhole, you get an entirely different view. How well do the key men know your organization? Through your particular network of communication, is their eye upon the keyhole, or are they standing back three feet and viewing your organization through the keyhole at this distance? We must remember that good communication is absolutely the foundation of good management.

The fifth principle is coordination. I am sure that you are aware of the importance of coordination because of the many relationships you have with your communities. Good coordination cannot be realized except through the medium of communication. A distinctive task of management is to get people of diverse capacities and duties to work together harmoniously and to fit their various responsibilities into a unified and purposeful whole. We could say that this is another definition of management. The original one I gave you was the creation of an environment in which individuals can live productive lives.

Coordination, our fifth principle, cannot be accomplished without our sixth principle, which is control. These two work hand in hand. Control of your organization, of your workshop, determines the direction and destination of an enterprise. Highly important here is a good in-service education program for the people that hold responsible positions in your workshops--your supervisors. Do they know their jobs, their work?

We can all have a competent CPA, whether it is on a charity or volunteer basis, or whether it is at a reduced or full rate. A complete, proper, annual audit of our books is the greatest insurance and protection any manager can have. This is another type of control. Do we have written purchasing policies? This is yet another type of control, if you have a volume purchase. By volume I mean anything beyond one pack of paper clips. If you are going to go to two packs of paper clips, then you ought to be thinking about trying to get a better price.

It is important for workshops to have written policies for any supplies or purchases that are made, and to enforce these policies rigidly. It is extremely important for workshops, rather than buy every day in the week, to set up one day a week or one day a month (depending on volume) for purchasing. In this way, you can get your work orders and requisitions together so that you can try to get better prices and a better system of purchasing. What are your sales policies concerning the marketing of the products your workshop manufactures or the services it renders? Are these policies written? Are they understandable? Are they enforceable? A policy is no good if it cannot be enforced. If it will not work, there is no need spending your time writing it out on paper and communicating it to your organization.

A written policy is an absolute essential of any organization. Small organizations do not have as many written policies as large organizations because of the personal contact of the manager with the employees and the people in the shop. However, there are certain policies that need to be written and should be written and available to hand out to those who are

interested. I have mentioned purchasing, I have mentioned sales, and by all means you should have your personnel policies in writing so that they will be understood and communicated to everyone in the organization.

A policy is truly the conscience of the organization. It is a reflection of its management philosophy, whose elements are the character traits of the administrator and personnel of the entire organization.

This brings me to the third point, the criteria of a good management organization. An organization tends to conform to the personal philosophy of its administrator. One's personal philosophy consists of the beliefs he holds; these set the pattern of his behavior as an individual in human society. Our purposes in life are bound to find expression in our way of living. Our beliefs and our purposes are inseparable. Management has the responsibility of building people.

In closing I would like to mention Dr. Seligman's three cardinal sins of the manager. I keep these pasted on my wall because I think he is absolutely correct in stating that those of us in management and leadership positions in organizations, regardless of size, have three major sins we must try to avoid. The first one is the sin of self-righteousness. How many people have you met that feel they are 100% right 100% of the time, that someone else is always wrong? I try to remind myself constantly that nothing or no one is ever all wrong; even a clock that is stopped is right twice a day. The second sin is the sin of cynicism--"Everybody has his price; politics is corrupt"; and so on ad infinitum. We all have seen the cynic. There are certain lessons we can learn. We can think back to the electrical industry and the tremendous scandal there. We can think back to the Eisenhower administration and the Sherman Adams-Goldfine case. Or we can come home to Florida and think about the problems with our own roads-building industry in this state within the past few years. But let's remember these are exceptions. We must not confuse the exceptions with the rule.

The third sin is perfectionism, by people who think they can do it all and do it better than anyone else. We have all seen the committee chairman who never has committee meetings. We have all seen the regional supervisor who was an oracle of wisdom spouting forth to the districts--the supervisor who never bothered to find out what was going on because he always knew what was going on. He was always perfect. He could always do it just a little bit better than anyone else. Remember that we cannot do it all; if we are to be successful in our organizations, we are going to need many helping hands.

As executives of large, small, or medium organizations--it makes no difference--you are placed in a position where you have to take positions; you have to make decisions. You have to muster the courage to be unpopular. You must be willing to serve the people, even if it might not please them, because in your job you cannot be for tolerance unless you are going to stand up and fight intolerance. If you are going to fight for what is right, you must be willing to oppose what is wrong. You cannot wave the flag of excellence without coming into conflict with the problem of mediocrity. You cannot talk excellence and accept mediocrity in your own organization.

Leadership is born in the conflict of collision. Successes and failures are never made at the time of their appearance; they are made far in advance.

Editor's note: Shortness of time prevented any questions from the floor following Mr. Jordan's address; however, Mr. Jordan expressed his willingness to answer questions at any time throughout the remainder of the Institute.

Group Discussion on Personal Adjustment Training

1. What is involved in personal adjustment training? What part of this training can the workshop provide?

2. What kind of staff, setting, materials, and philosophy are most appropriate for personal adjustment training?

3. What does DVR expect from the adjustment services program and what is the counselor's role in this program?

4. What specific items are included in personal adjustment training and which items can best be provided in the workshop setting?

5. Should standards for minimal adjustment programs be developed, and, if so, what should be their nature?

6. What types and frequency of reports should be provided to the referring agency?

7. Where does initial evaluation stop and personal adjustment training begin?

8. What are the costs involved in personal adjustment training, and who pays these costs?

Group I Report, presented by Richard Andrews. We don't believe the subject should be personal adjustment, but rather adjustment training, because it encompasses all areas. Our question was, "Should standards for minimal adjustment programs be developed, and, if so, what should be their nature?" Of course, our answer is yes, they should be developed. These standards for a minimal adjustment program should be set up in the light of the specific need requirements of the individual involved, on a purely personal basis. The standards should include recognition of these specific needs and should also include planning a program of services in conjunction with the ongoing work program which will help the individual achieve his best potential. It is desirable to have these services structured within your own workshop staff; however, if they are not available there, they should be augmented by outside services as needed.

Group II Report, presented by Mr. Deos. We had a brave group because we defined adjustment service. The definition we finally arrived at was "helping a person achieve (strive for) his maximum satisfactory potential in society." We thought--and we had reference to question six, which was evaluation reports--there were several things that should go into these evaluation reports: norms, social attitudes, personal care, and helping the individual to become a productive person. The report to the counselor should include the client's attendance, attitude, productivity, skills, unusual occurrences or behavior, vocational prognosis, and the counselor's recommendation of the role the workshop can play in the final rehabilitation of the client. Suggested frequency of reports varied. Everybody had different ideas, but we agreed that there should be an initial interview, an acceptance report, a report when there is a change in the status of the client, a report when any really unusual occurrence happens, and then a final evaluation report if it is from an evaluation center, or a final report from the workshop.

Group III Report, presented by Woodrow Lindler. We focused on questions one and seven: What is involved in personal adjustment training, and what part of this training can a workshop provide? Where does the initial evaluation stop and personal adjustment training begin? Our group had difficulty in identifying exactly what is meant by personal adjustment training and what it included. We decided rather than attempt a bona fide definition of that, we would list certain things that are involved in personal adjustment training: personal hygiene and grooming; ability to use public transportation; changing one's self-concept from failure to success; gait training; use of hearing aids and other prostheses; remedial education; learning the use of time, money, schedules; shifting from one work situation to another; response to supervision; ability to stick to the job assigned; promptness in going to the job assignment; reaction to criticism; discipline; general social behavior; and speech therapy. We also decided that there were two areas of adjustment--physical and psychological. Further, there are certain adjustments that actually come before evaluation ends. Concerning what part of the training the workshop could provide, we felt this would be dependent first upon the staff and its qualifications, upon the facility itself, and upon the activities carried on in the shop. Then someone thought of the resources that might be called upon in the community; in regard to personal hygiene, for instance, the beautician might come in for grooming the hair, and so forth. There were certain phases of personal adjustment that we felt could be carried on in the normal shop with a minimum of staff: remedial education (learning how to count money, etc.) and social adjustment (learning to get along with others, etc.). Certain other adjustments, such as speech therapy, gait training, use of hearing aids, and use of other appliances, might be secured through agencies outside the workshop in the community.

In considering question seven, we found difficulty in determining where evaluation stops and personal adjustment begins; however, we decided that major emphasis at any given time should be placed one one or the other. Someone came up with the following solution, and I think it is a very good one: Evaluation ends and personal adjustment begins when major emphasis is shifted from trying to find out what is wrong, to doing something about it. We further agreed that a certain amount of personal adjustment and evaluation goes on at all times through the formal evaluation and personal adjustment training periods and even after being placed in a job.

Group IV Report, presented by L. J. Waller. Group IV considered questions two and eight: What kind of staff, setting, materials, and philosophy are most appropriate for personal adjustment training? What are the costs involved in personal adjustment training, and who pays these costs? There was a great deal of discussion as to just what adjustment services really are. It was the consensus of opinion that the client should be dealt with as a whole person rather than in segments. Many things that deal with his personality such as dating, marriage, necking, and social life were considered a definite part of the evaluation program. As to staffing, it was felt that all members of a workshop were involved in the evaluation. If any one person should head up the unit it should probably be a psychologist or social worker--certainly it should be an understanding person. There are many aids in the community in helping provide adjustment services. Some of these community resources are: the local mental health association, public health nurses, and safety officers such as policemen and firemen.

It was pointed out that evaluation took place on all the job activities and in the daily activities of living. All of the evaluation certainly is

not done in the director's office and in the clinical setting, but on the job as well as in leisure periods and in recreational activities. The setting should be made as attractive as possible. In one workshop evening meetings were planned for clients to come back after they had been placed in outside employment. In these meetings the social as well as job problems were discussed; these sessions actually became group therapy sessions. It was felt that the jobs became more secure as a result of such meetings. Scheduled activities where boys and girls are put together, especially in workshops for mentally retarded boys and girls, are highly desirable. Materials which are effective in providing adjustment services include: 1. short film strips and other audiovisual aids; 2. maps; 3. application blanks for jobs; 4. clothing, shaving cream, brushes, and other grooming materials; 5. food charts; 6. brochures on jobs; and 7. safety posters.

Most workshop directors say it is hard to set up a cost for this service alone; in most workshops adjustment services are provided along with training and evaluation. Some workshop directors stated they did not accept a client for personal adjustment services only; however, some do. In one workshop such things as false teeth and facials for girls with skin problems have been very helpful in achieving personal adjustment.

Group V Report, presented by Hubert Gilmore. We agreed that it is pretty hard to separate evaluation and training. Adjustment training in some respects is a continuation of the previous evaluation, and there is re-evaluation as we go along with this training. The DVR counselor expects to be informed of these needed changes where he might be involved, and also expects the agency to help to develop these adjustments that need to be achieved. The rehabilitation counselor expects the fullest possible development of his client's work habits. Motivation was a factor that was considered. DVR expects the workshop to stimulate and motivate this individual to want to work and to do a good job; DVR expects the shop to develop this client's tolerance for work from the physical standpoint and from the emotional standpoint, and to help him to develop to his maximum. Where further adjustments or further evaluations might have to be made, the counselor should be notified and some plan worked out to extend the evaluation in the involved shop or to get additional help for further evaluation. The workshop is also expected to help the client with social relationships--to help him develop good on-the-job attitudes toward his fellow workers, his foreman, and his work, and to help him develop proper attitudes off the job that might affect his ability to perform the job. The role of the counselor in this process is to coordinate all the services for the total vocational rehabilitation of the client. The counselor assumes this role in bringing the client to the shop. He brings in his evaluation and helps to determine what is to be accomplished. As the evaluation center learns more about the client, there may be some more things the counselor needs to do. He should cooperate with the workshop in providing these services or helping to control any of the client's behavior that may be presenting a problem. He would remove the client from the facility if it was found necessary. If the client completes his adjustment training, the counselor should assume the responsibility of coordinating and leading the efforts of placing him in a job.

Group VI Report, presented by Sigfried Dayan. We felt we had to decide first what personal adjustment is and in what areas we find adjustment. We came to the conclusion that there are two main areas of adjustment: adjustment to work (toward which we strive each day in our workshops) and adjustment of a person to his society. In adjusting a person to his society, we must change his set of values, and, in so doing, imbue the highest values

of our society within this person. We came up with four basic areas in which we need to change or adjust values: work habits; social problems; physical problems (hygiene, medical health); and spiritual development--giving the person a meaningful reason for life and being. Our group feels it is the responsibility of the workshop to provide all the services in this. It is the workshop's responsibility not only to see that the person does a good job while at the workshop, but also to have recreational facilities available for the client; the workshop should also see that the client goes to church or synagogue, and participates in the other areas of society and community. Although all of this cannot be done under the roof of the sheltered workshop, the responsibility of seeing that these services are provided--either by the workshop or by other agencies in the community--still lies with the workshop. Providing these, we feel, will help the client to develop a self-concept as a productive worker with a responsibility to his fellow man and also to a Greater Being. This will help him attain the highest standards that his capabilities will permit.

Our group felt this is done primarily and basically by the shop foreman or supervisor. Because not all shop foremen and supervisors have the psychological and other background for this, it was suggested that trained individuals on the staff could do the prognosis and the supervisor or foreman could become the practitioner. This could be achieved by having a training director to assist the supervisors or foremen in adjustment training of the client, or having a trainer responsible for clients' adjustment training at work on the shop floor rather than in a class or group discussion setting. There are various organizations such as the Research Institute of America and the National Foreman's Institute, which have a great deal of information that could assist us in developing the program for training our shop supervisors. Our final comment was that adjustment or adjustment training never ends.

Question: What is the function of the workshop as it relates to personal adjustment training or work adjustment?

Answer: In our group, we based the whole thing on the fact that when we are talking about adjustment services, we are talking about services across the board as they pertain to the field of work in terms of the prospective employer who is going to hire this client. When we talked about adjustment services, these were services that would prepare and enable the client to get back to a job in industry. And I think this should be emphasized again. This is what workshops are for--preparation for work.

Answer (Dr. Robert C. Adair): If we are going to have an adjustment for an individual, we are going to have to adjust his entire personality. If we do not, we will have continual conflicts in his work. He is going to be fighting one thing one way and another, another. Work adjustment to me means an adjustment of the entire personality of the individual. Work habits are very important. Social customs and learning to live with other people, learning to get along with other people, getting the chip off the shoulder are very important. Good health is essential to work adjustment. And unless the individual has a motivation in life and a purpose for living that life and has a Greater Being--God, as I wish to call Him--that he worships and for whom he works, he does not have the motivation to turn out the job that he should turn out. I think our great trouble in rehabilitation and in workshops is that we turn out lop-sided people instead of people with full abilities that are trained to the maximum of which they are capable.

Question: There have been some indications in various parts of the country that perhaps there are already existing agencies that provide vocational training and adjustment services to disabled persons. Does anyone wish to comment regarding the appropriateness of the workshop to move into this area, or the appropriateness of other agencies to move into this area of the workshop?

Answer (Darrel Mase): I do not think we can work separate and apart from what has happened to the client before he comes to the workshop, as it seems sometimes we try to do. Concerning some of these things that we are having so much difficulty getting--the kinds of services, medical attentions, and all the rest--I wonder if we could profitably expend some of our energies into rehabilitation centers, special education programs, and similar places. I am really appealing for more work with those agencies that work with the individual before school and pre-nursery classes to help to get them to create the kind of individual that you want in your workshops and carry him along a little bit further.

Answer (A. M. Wilkerson): Our workshop deals with the young adult who comes to us with little or no work experience. We get many graduates, for example, with special education classes. This is all we need to wonder what on earth we are doing with special education in this country. We are spending a lot of time and talent, but in the case of, say, a mentally retarded youngster, what are we providing him and preparing him for? To go to a state institution? Of course the workshop isn't perfect, but I go back to my point that if there are other ways or agencies or methods of really accomplishing this goal, we don't need workshops.

Answer (Antonio C. Suazo): This is one of the basic issues facing workshops in terms of future programming, in terms of future directions workshops will need to take to meet the basic needs which are developing all over the country. Two weeks ago I had the opportunity to participate in the institute in California on the more effective use of the workshop by special education and mental health groups, and others; I think this is an area in which we need to concern ourselves. We need to define our programs a little better. We need to really find out what the workshop does, and do it well.

Answer: Chattanooga has just started a program which may be of interest. We have built the first high school encompassing the specifications from the ARA on architectural barriers; in addition, the handicapped children have been moved right in, and integrated with the other children. This includes the mentally retarded to a certain degree. We have just been invited to come out in cooperation with the Easter Seal Society to see if we cannot conduct evaluation and special classes and guidance for these students before they ever get to the senior year of high school. But this is a pilot study right now. It is not off the ground yet.

LEGISLATION RELATING TO WORKSHOPS

Russell J. N. Dean

There are three major bills in Congress which are yet unresolved; and as a matter of national policy, it is a question whether or not Congress will dispose of these this year. One of them is the President's proposal for tax reform and tax reductions. This bill may seem far removed from us, but a measure of this type affects almost every kind of program or institution which has to raise and spend money, and which is therefore dependent upon a healthy economy.

This bill is important in certain specific ways in our field. Voluntary workshops and centers are dependent upon contributed funds. The tax bill proposes some rather substantial and perhaps drastic changes in the allowances for deductions for contributed funds. This will be one of the many controversial questions to be resolved. The President is convinced that this is a sound tax program, and I suppose if the normal legislative process takes place, you will find that the bill reported out eventually will be the typical compromise which adjusts as well as it can to a great variety of views on a difficult subject.

The President's proposals in the field of health insurance for the aged under Social Security represent another big national question to be settled. It has its strong proponents and strong opponents. This question has been debated now for several years. Some officials in the administration feel confident that such a bill will be passed this year. Other people say it hasn't got a chance. Against such a background of national health insurance for older people, the effects on any of our rehabilitation efforts will be felt in short order if and when such a bill is enacted. It has specific provisions in it to permit eligible aged people to obtain rehabilitation services which can be given in connection with hospitalization. It provides that for purposes of the bill a rehabilitation center can be considered as a hospital if in the opinion of a physician this is the most logical type of care. So here again is a big national question which will have a very direct relationship to many of the things we do.

The third bill I want to mention is the President's proposal in the field of federal aid to education. Our principal interest here is the relationship of this to the field of special education for handicapped children. We came very close last year to having the Vocational Rehabilitation Amendments enacted. The reason they were not enacted was that the House committee decided that, since the same subcommittee has jurisdiction over vocational rehabilitation legislation and special education legislation, the proper thing to do was to combine the rehabilitation and special education legislation into one bill. This was done. There were two titles to the bill, one pertaining to amendments to the Vocational Rehabilitation Act, and one pertaining to special education. It was reported out by the House Committee on Education Labor to the Rules Committee, at which point this bill, along with all other bills having to do with education, died. We are very interested in the special education phase of this whole picture. We are quite hopeful that this year the key people in the committees concerned can be prevailed upon to deal with our legislation separately so that we do not become involved in the several highly controversial questions that surround the education bill.

There are two important bills which are well along in the legislative process, and I think that most people agree that the bills will be enacted this year. One of these is the President's proposals in the field of mental illness. The second is his proposals in the field of mental retardation. He sent a special message to Congress on these two subjects earlier this year, and I think it is the first time in the history of our country that the President ever directed a special message to Congress on the subject of mental retardation. These two bills, I do personally believe, will have probably the most far-reaching effect of anything that has been done in these two fields in the history of work of this type.

You may recall that there was a Joint Commission on Mental Illness formed about four years ago. This group did perhaps the most exhaustive study of the whole problem of mental illness in this country and how it might be better coped with. The report was generally considered to be one of the finest things that has been done. It was completed and issued almost two years ago. Following that were many follow-up actions by organizations such as the National Association of Mental Health. The President named the Secretary of Health, Education, and Welfare, the Secretary of Labor, and the Administrator of Veterans Affairs as a three-man group to come up with proposals which the federal government should make to carry out the Commission's recommendations. The culmination of all this, concerning the role of the federal government, is contained in the President's message and in his legislative proposals.

The basic idea behind the proposals in the field of mental illness is that, as a more or less long-range objective, we start building community mental health facilities so that we may gradually do away with our present pattern of state mental hospitals (located at great distances and housing from 2,000 to 13,000 patients), and bring the care of those who suffer mental illness back into the community picture; these smaller units will be closely tied to other phases of medical care, health, education, and welfare within the communities.

The mental retardation proposals likewise grew out of a special study group. The President's Panel on Mental Retardation finished its work last fall under the chairmanship of Dr. Leonard Mayo. Its report was the basis for the President's proposals. In this field of mental retardation, the President identified several pieces of legislation as the type which would support an expanded program of research and services for the mentally retarded in this country. The one bill I mentioned was an example. Another one was the special education feature of the education bill; obviously, more teachers of retarded children will be needed when you plan expanded services for the retarded. Third was the bill on Maternal and Child Health Amendments of 1963 which would try, through an additional grant authority, to get at maternal care in those areas where general deprivation and the extremely limited circumstances of the family, produce a much higher proportion of retarded children than we have in the population generally. It also would enable the Children's Bureau and the cooperating state crippled children's organizations to expand their work for mentally retarded youngsters.

One of the bills identified in support of the mental retardation plans was the Vocational Rehabilitation Amendments of 1963, the bill with which we are most directly concerned. Help in the field of mental retardation through our program is not the only purpose of the bill. It is basically a bill to take advantage of the experience we have had since 1954 when the Act was passed. I would like to briefly run through the seven points that are in the bill this year.

One of the provisions would clear up a point which has been a problem to many state rehabilitation agencies and often to private organizations with which they work. Under present law it is most difficult to make a contribution to a state rehabilitation agency in connection with a facility or a workshop, and have those funds matched with federal funds if they are going back under the control of the donor. For example, if you as a workshop administrator wish to make an expansion and re-equipping of your workshop, you cannot donate funds and have participation of the federal government in this kind of an alteration or expansion program. However, if you were dealing with the Hill-Burton hospital construction program you would find no such prohibition. We are constantly having trouble explaining to people that yes, you can do it under Hill-Burton, but you can't do it under our program. This proposed legislation would clear up this point. It has only to do with funds that would be contributed in connection with facilities and workshops; it does not apply to services.

Another proposal is to do what Miss Switzer has described as loosening up the intake in our program. As many of you know in the public program at present an otherwise eligible disabled person can be accepted and provided services only if the counselor can make a finding, before he begins to provide services, that the person is apt to become employable when he is finished. This poses a difficult question, which calls for a combination of professional judgment and an estimate of the labor, industrial, and commercial situation in the involved area. This imposes what we have felt for a long time to be an unreasonable burden of judgment, and limits services--or prevents services entirely--for people with severe or complicated disabilities simply because a counselor cannot make this kind of determination sometimes two or three years in advance. This legislation proposes that services could be rendered up to a period of six months, at which point the determination could be made as to whether or not the person will be employable. This lets us take advantage of something we have all observed: that many disabled people, given services, will respond far beyond what anyone could initially expect. This will mean that, as far as the federal end of our federal-state program is concerned, a person will be able to receive these services up to six months before the determination is made; in the case of mental retardation, this could be 18 months. The bill also would authorize the Secretary to extend the 18-month period to other disability groups besides the mentally retarded, if he feels it is warranted.

This bill would reinstate the provision for expansion grants. These would be available either to state agencies or voluntary groups and others, but there is a difference between the purpose now and the one in 1954. The purpose here is to make grants, to either public or private agencies, which will expand the number of people vocationally rehabilitated.

Another matter which is related primarily to the interest of the state rehabilitation programs is a question of state agency location. Under our present law a state rehabilitation agency (we'll set aside for this particular point the state agencies for the blind) must be located either as a separate state agency or within the State Department of Education and the State Board of Vocational Education. The amendment to the Act would extend this to permit the location of the agency also in health, welfare, or labor organizations within the state. It does specify, however, that when and if this is done in the state, the state vocational rehabilitation agency must be maintained as a completely separate identified unit with a director and so forth; therefore, the integrity and the operating effectiveness of the state agency, wherever it might be located, would be protected and maintained.

Another proposal would permit the federal matching of funds contributed to the state rehabilitation agency by local units of government. At present, we have no provision whereby a city or county which would like to expand its volume of rehabilitation services to its own citizens can use its money and have it matched, for this purpose. One of the reasons for this is that our law says, quite wisely, that services available in a state must be available throughout the state in all political subdivisions of that state. This is to make certain that as far as the use of federal funds is concerned, people throughout the state generally have equal opportunity to get the services rendered by the program. This proposal would make an exception where a local public body, a county or city, wishes to use its funds to expand its services.

Another provision has to do with the extension and improvement grants. There are two kinds of grants made to states under our present law. One is the basic support grant; this is the major grant system which we administer which, with the federal and state funds combined, pays the costs of our service program. The second is a much smaller project type of grant that the states call extension and improvement; its purpose is to encourage state agencies to move into new fields where they have rendered little or no service, to extend stronger and better services to areas of the state where the coverage has not been satisfactory, and so forth. Under the present provisions of our law, these projects can be continued only for three years with federal participation; the assumption is that after three years of such developmental activity the state agency will incorporate this new activity into its ongoing program. We have proposed in the bill that this period be increased to five years. We have been making a special effort during the last two years to expand the work we do for public assistance cases; with the enactment in 1962 of the Public Assistance Amendments, we have taken a number of steps to try to guarantee that we are equipped as well as we can be to do the best possible job in the next few years for disabled people on public assistance rolls. This is one additional step which would enable state rehabilitation agencies to work out projects for an expanded program of services for public assistance cases. However, it could and will be used for other kinds of programs, too.

The bill also includes a proposal to authorize construction of rehabilitation centers, workshops, and special rehabilitation facilities. We have certain limited authority already that pertains to alterations, expansion of the building, equipment of the building, and one year of initial staffing. But funds for this must come from the basic support funds of the state, available to the state agency; it is not a separate construction program. This bill proposes that we have in rehabilitation the same separate identified construction program that is available in so many other fields. The bill would authorize a five-year program to build new workshops and new rehabilitation centers; it would permit initial equipment for such workshops and centers; and it would provide for a system of initial staffing to help new workshops and centers during that crucial first period which involves the business of getting in operation, establishing sources of income and operating methods, and so forth, which are so difficult. The initial staffing provisions would provide for four years of federal assistance, with a 75% federal share the first year and then descending 15% each year over the four-year period so that the fourth and final year would see a 30% federal share.

This is one of the key provisions in this bill because it is responding to one of the great needs of today: the problem of additional and better facilities and a way of getting them started under reasonably favorable circumstances. On the construction and equipment provisions of the bill, the same financing would be used as is now used in Hill-Burton for hospital

construction. As you may know, under the Hill-Burton formula financing is variable from one state to another; the national average is about 50-50, 50% federal, 50% sponsor. But let me emphasize that this is not a Hill-Burton program.

I've tried to give you what seems to be the gist of the current legislation, our own and other. If it fits with your program and if you wish, I would be very happy to discuss it further and answer questions.

Question: Is there any legislation pending which would permit sheltered workshops to buy government surplus property?

Answer (Russell Dean): No, we have had quite a history of effort on this. The closest we have come is the changes which were made last year in the Act with reference to schools. Congress clings tenaciously to three fields, and they will not broaden--or at least they have been unwilling to broaden--the fields beyond these three, in making donations of surplus property. These are the general health field, the education field, and civil defense. We have probably the most persuasive case, I think, for adding a fourth category, of any group in the country, but it is very, very difficult to do, and I am not sure we ever will accomplish this. Last year the Act was amended as it pertains to donations for educational purposes to specify two additional groups: schools for handicapped children and schools for mentally retarded. We think this will help us to channel more surplus property into the many schools and evaluation and training and pre-vocational centers that are developing now.

Question (Dr. Howard Lytle): Is there any provision, regulation, or other organized approach to coordinating workshop programs with manpower programs?

Answer (Mr. Dean): I don't believe so, per se. Two of our staff members have been working with the Department of Labor since the Manpower Development Training Act was passed last year; whether or not any of their work is aimed specifically at a relationship with workshops, I do not know.

Question (Dr. Michael Goodman): Was any specific provision made whereby funds of the Area Redevelopment Act, by themselves or in combination with Hill-Burton, would be made available or are available for workshop construction?

Answer (Mr. Dean): So far as I know, there are no such provisions. However, I think you can say that as a purely technical matter there could be. I did quite a bit of work with that when the Area Redevelopment Act was passed two years ago, and we have an excellent relationship with those people. If, in the development of the area redevelopment plans, plans for a workshop are conceived and built into it, I see absolutely no reason why it couldn't be paid for as part of it.

Group Discussion on Placement

1. Whose responsibility is job placement--DVR, FSES, or the workshop's? Should there be a central agency in the community coordinating job placement efforts?

2. When, if at all, should terminal placement in a workshop be considered?

3. When job placement is a failure, should the client be considered for further workshop training? Who determines eligibility and feasibility for such extended services?

4. What is considered a good follow-up program on placement, and whose responsibility is this? What kinds of records are utilized in follow-up? In placement?

5. What is a workshop's responsibility in working with other agencies in a placement and follow-up program?

6. Who pays for placement, and how is this shown in cost accounting in the workshop?

7. What workshop staff, if any, is needed to relate to placement and what should be its training and experience?

8. What responsibility does the workshop have for determining when clients are ready for placement?

Group I Report, presented by Richard Andrews. We felt quite strongly that the plant supervisor or work supervisor should be involved in placement, and that he should also be involved in determining, when job placement is a failure, whether the client should be considered for further workshop training. If it is mutually agreed by all concerned--by every individual involved in the rehabilitation or training process, including the client himself--that the client can further benefit from additional services, such services should be extended.

Group II Report, presented by Lee Dees. Our group decided that a good plan for a follow-up program needs to identify some person as being responsible for the follow-up. A paid person, rather than a volunteer, would be best; then you could put pressure on him to do a good job of following-up. Another phase that we felt was important was the time interval--how much time should elapse between the time the person is placed and contact is made with the individual and his employer. It was agreed that follow-up should begin within a week, and that possibly the first to be contacted would be the client himself and then his employer. There should be a definite follow-up schedule which the client and the employer would understand; with this organized in advance, it would not take too much time for either individual. Concerning what records should be kept, we felt that each client should have a folder, and that a control card should be kept. A control card should contain vital data pertaining to the client, his disability, when he actually started working, dates on which contacts were to be made, etc. This would serve as a good reminder to the person who is to do the follow-up. Comments regarding the follow-up itself and how it went should be included. Physical or other changes in the client that need attention either from the counselor or from the place where he received his training, and a maximum period of follow-up should be included, too. This should be

understood by the client so he will know that he is in a sort of probationary period, and that he will not have this crutch to fall back on after some designated time. This maximum period, of course, could vary with the type of individual and disability.

Group III Report, presented by Woodrow Lindler. Our group discussed question five, "What is the workshop's responsibility in working with other agencies in a placement and follow-up program?" We agreed that the workshop manager has a responsibility to work with other community agencies toward placement and follow-up. We agreed that there are many ways in which this might be done; several were suggested as follows: 1. The facility should develop definite, systematic, written procedures in coordinating its placement efforts with those of all referring agencies. 2. The workshop should keep its board of directors informed and solicit their aid in uncovering job opportunities. 3. In securing contract work, the workshop manager should be alert for possible job placements for the workers who are ready for employment. 4. He should keep the counselor alert as to the needs of those workers who are ready for employment. 5. He should do regular and systematic job prospecting with other placement agencies--such as the Employment Security Commission--and with business and industry, where possible, to uncover jobs and to make actual job placements. 6. He must work with referring agencies to accomplish placement; he also has a continuing responsibility for follow-up. 7. Where possible, the larger workshop would do well to consider putting a placement specialist on its staff.

Group IV Report, presented by L. J. Waller. We were assigned question number six, "Who pays for placement, and how is this shown in cost accounting in the workshop?" We didn't have a single workshop represented in our group that had this as an item as such in its cost accounting; they all charge for it, but it is covered up in training, adjustment, and so forth. It was brought out in the discussion that DVR did not pay for this service if identified as such. We spent a lot of time trying to get a resolution from our group saying that we thought it would be good if a law were passed that would give DVR the right to purchase placement services. Can DVR pay for placement services? We said, why not? Placement is the responsibility of all interested in the individual and this service is embodied in the services for the evaluation, training, and adjustment. We had a lengthy discussion as to who should take the responsibility in placement. In some workshops special placement officers are on the staff; in others there are part-time counselors from DVR who help with placement; in some areas there is a placement specialist from DVR who helps with the placement of workshop clients. We finally determined that it was the responsibility of the workshop and DVR to secure appropriate job placement, and also to handle follow-up. Self-employment was discussed as a possibility as placement for many severely disabled individuals.

Group V Report, presented by Hubert Gilmore. Whose responsibility is job placement? It is going to be a little difficult for me to define this because everything that was said was so full of meaning in our group. We have an unusual group over there. The question came up in the beginning as to who has the legal responsibility; this was a term about which none of us had thought or heard. We talk about responsibility, but who has the legal responsibility? And we discussed the role of Vocational Rehabilitation in this matter, the Employment Service, central placement agencies such as Dade County has, and other agencies. It was pointed out that the Employment Service could not place many workshop clients from a desk situation;

somebody has got to do some leg-work there. There was quite a little discussion back and forth as to whether the Employment Service should do this, whether the Vocational Rehabilitation counselor should do it, or whether the specialist in the shop should do it. Some felt that this should be done through the coordination of the Employment Service. In most states there is a working agreement between DVR and the Employment Service; however, in some areas this is not working too well. The policy of referral to Employment Service was discussed. In many cases, clients are referred there. It is true that the Employment Service is supposed to keep a file of handicapped people on its records. Some of these are Vocational Rehabilitation clients; some work in workshops. Where workshops do not have a placement specialist, placement may be achieved through the Employment Service. The foreman may serve as the specialist in placement in a small shop. He is close to the community and close to the shop. In every case the foreman should be very much aware of the placement problem and placement opportunities. He should be aware of placement readiness of the client in the workshop, whether he refers that person to the placement specialist in the shop or whether he refers that person to the Employment Service or to some other central employment agency.

There is some controversy between people who work with handicapped individuals and the Employment Service. The important thing appears to be the working relationship of the personnel involved, their attitude, and how well they are oriented to dealing with the handicapped person as a human being--do these personnel really want to help the handicapped, or would they rather try to shove off the difficult cases they have to somebody else? It was pointed out that employment and unemployment have a tremendous impact on a community and, therefore, many people should be concerned and interested in placement. Clubs and other agencies in the community, as well as the Employment Service or DVR or Veterans Administration, should all be involved. Many employers report that they are approached by numerous agencies and individuals for jobs. This presents quite a problem to the employer. It might even cause him to develop an attitude that would not be conducive to hiring handicapped people. We need a specialist who is going out to sell the idea of hiring the handicapped. After he has sold the employer, he can call some central agency or the Employment Service, whichever he has been instructed to contact in case of need for handicapped people. And then the placement specialist--whether he is from the shop, Employment Service, or DVR--would work in placing the client and also in his follow-up. Follow-up was discussed to some extent. There were many opinions about the responsibility of the follow-up. Some agencies have a systematic method of follow-up, with forms to fill out, etc.; other agencies handle this very loosely, just sort of checking on these people occasionally. It was the opinion of most that the Employment Service doesn't do much in the way of follow-up. However, some think that the Employment Service is very close to their communities. This is true in small communities, where they do check with the employer to see how the new employee is getting along.

Group VI Report, presented by Sigfried Dayan. Our first question was number two: "When, if at all, should terminal placement in a workshop be considered?" Our group concluded that terminal placement should never be considered as such, but rather should be considered as long-term and dynamic employment within the sheltered workshop. Concerning our second question, number eight ("What responsibility does the workshop have to determine when a client is ready for placement?"), we felt that continued progress reports throughout one's training should be kept on each client, and that when the client has reached the level of readiness for placement he should be placed.

In working this out, one should work with DVR men. If at all possible, a workshop should have a placement officer on its staff. And then the question came up as to when it is feasible to have a placement person on the staff of a workshop. It was generally considered feasible when a workshop can spend approximately $100 per placement or can achieve 70-80 placements per year. We felt strongly that the money for a placement man should come from contributed funds. In discussing another area of placement, we also felt that a good on-the-job training program up to six months in length can be an effective tool for placement. The workshop has to develop rapport with management by contacting the personnel manager, foreman, and president if effective placement is to be made. Successful placement requires placing only your best-prepared handicapped with industry to prevent bad relationships with business that might harm future placements.

Question: What is the function of the Governor's Committees in this general placement effort?

Answer: In Mississippi, we have a very close working relationship with the Employment Service, and we have a Governor's Committee that works with all of the agencies concerned with the placement of handicapped workers. The Committee has proposed that we work out a situation so that the Employment Service would report to the local civic clubs certain types of handicapped individuals who are available for work; then, we would propose to these clubs that they have a committee for placement of handicapped people. Any person in the club, any employer who is interested in a handicapped person, would call the Employment Service, where all physically and mentally handicapped people are registered (because I as a rehabilitation counselor have all my clients register with the Employment Service). In that way, employers can call that one central agency to get any potential employee. The Employment Service, of course, uses Vocational Rehabilitation for any adjustment necessary in individual cases, but the committee in the local clubs will try to motivate the clubs for placement of handicapped people in cooperation with the EPH Committee. That goes on all the way to the point that in Dade County they have developed a central placement agency in the community. I believe its executive is hired by the county. It grew out of this EPH Committee and they are functioning very much on the scale of, or even on a larger scale, than, the Employment Service. The Dade County program is unique and excellent.

Question: Would you please quote from the federal Handbook who is legally responsible for placement?

Answer (Asa Barnard): Actually, the total population within any workshop certainly will not be only VR clients, and this pertains only to VR clients. The fourth chapter, part four, paragraph 4130 of the Federal Manual states that "Each state plan shall provide that the state agency or local rehabilitation agency will assume responsibility for placement of individuals accepted for VR services."

Answer (Hubert Gilmore): It doesn't say how you do it. You can use anybody that can help you in that placement, including the Employment Service.

Question (Jerome Bernstein): Does this mean that the state agency is assuming this responsibility if it purchases the placement service (as far as federal regulations are concerned)?

Answer: I certainly am not speaking for DVR, but in our group here, all the DVR counselors felt they could not legally purchase placement services

as such. Are we fulfilling our obligation if we purchase such service? I think the people in our group felt that we were not.

Answer (Dr. Therese Hite): Placement is one of the counselor's unique responsibilities. It has never been within our understanding or interpretation that this would be a purchased service.

Answer (Dr. Michael Goodman): Who does the placement is not as important as whether or not it is being done. I don't think that you are giving up your prerogatives as a DVR counselor to have someone else do it. We are in the business of trying to place people. How you do it is the important thing. Who does it? I don't think it is a question of saying this one can and this one cannot. Placement is a shared responsibility within the community. It has to be a coordinated effort.

Answer: Someone asked, "Could DVR pay for a placement fee?" The federal regulation doesn't say that placement will be done by this person. It can be a shared responsibility. It is expected to be. The problem is much too great for any one person. But the business of paying someone $50 to do this job, a specific fee for a specific service of placement--the answer is no.

Question (Dr. Michael Goodman): Why under DVR demonstration and research projects are these services of placement purchased? On the one hand you have an ordinary DVR evaluation case, no purchase of placement service. But within a federal project, placement is purchased.

Answer (John Forrest): In some of our special research demonstration grants a placement person can be on the staff, and his salary can be shared. This is to help us upgrade programs. These projects are designed to develop programs in the community that can help with this problem, but are not long-term projects. Research and demonstration projects end after a certain period of time and federal support is withdrawn.

Answer (Russell Dean): In connection with projects which VRA finances, research and demonstration projects, as well as our ongoing federal-state program, we do not ordinarily specify as the part of a contract so to speak a purchase of placement services with a dollar value placed on it. We secure a range of services from many places, both in our federal-state program and in research projects, in which when the earlier stages of project services are finished, placement is done for the person. All of us know that clients are sent to trade schools or to a university with the state rehabilitation agency responsible for planning it, carrying it out, and paying for it. And when the training is finished, if the organization, whether it is a university or trade school, has an active placement bureau, the disabled client is placed. We haven't broken it down and said we'll pay so much for the placement. We buy their range of services in the training institution, and it turns out that placement is one of the things that results as part of that package. Personally I would not like to see placement broken down in terms of workshops as an item we would buy. I would hope that when our state rehabilitation agencies work with the sheltered workshop they enter into arrangements whereby they provide the range of services that the workshop has available, and that the placement portion, if that is in the context of the workshop's operation, would be an end result just as it is in many other situations.

Answer: One of these laws that Mr. Dean was talking about this morning--that will extend the length of time that someone could be in, let us say, adjustment training--is going to clarify this to some degree. From the workshop point of view our problem is that we can get started evaluating

and training somebody, and then DVR runs out of money on that particular client and it may be years before we can do something culminative that is called placement.

Darrel Mase: I strongly feel that any group that ever organized anything it calls a workshop should put first in its budget membership in the National Association of Sheltered Workshops. I can't see how anyone who really believes in this movement can afford not to join the Association. I am in hopes some of you will go back home and see that your group becomes a member, and that you will be more actively participating with the Association, and if you don't like what it is doing, then change it. But you aren't going to have much voice unless you are a part of it. And you aren't going to be able to structure the workshop movement in the direction it needs to go unless you are actually participating in it as individual members and as group members.

RELATIONSHIP BETWEEN WORKSHOPS, DIVISIONS OF VOCATIONAL REHABILITATION, AND OTHER AGENCIES

George McFaden

As professional workers, we should pause periodically to analyze our working relationship with other agencies and individuals. In order to stimulate your thinking, I would like to ask each workshop director what kind of relationship do you have with the Division of Vocational Rehabilitation? Likewise, what kind of relationship does each Vocational Rehabilitation person have with workshops in his area? Have you established guidelines to be used or is your reply largely subjective judgment based on, or at least affected by, personal bias and emotional background?

We must realize social interaction between human beings takes place and that it is a reciprocal process. Communication goes on regardless. Cognizance of this is extremely important in establishing good relationships with others. The type of relationship with which we are concerned is a mutual and reciprocal interest in serving handicapped persons. This objective is broader than any one individual's personal feelings.

When a child is born, the parents immediately begin making plans for him to grow up and be accepted. As the child grows, this becomes one of his prime concerns. Do you, as director, assume this responsibility for handicapped employees of your workshop? The workshop belongs to the community. Employees, although handicapped, belong to the community.

I believe both workshop and DVR personnel incur the responsibility, when they accept employment in the rehabilitation field, to develop the type of relationship with cooperating agencies and individuals which will assure that the services of these agencies and persons will be readily available to workshop and DVR clients. Of the 3,059 clients closed as rehabilitated in Alabama last year, 1,238 had dependents at the time they were referred; 605 had four or more dependents; 394 were receiving welfare assistance. Is it not reasonable to expect that these people will continue to need the public assistance, the services of other agencies, for at least a period of time? Are we to assume that because they are referred to DVR or to the workshop, that these clients no longer need the services of these other agencies?

I would like to discuss some of the things considered to be important in establishing a good relationship between workshops, Divisions of Vocational Rehabilitation, and other agencies. These other agencies include Wage and Hour and Public Contracts Divisions, employment services (both public and private), public and private welfare agencies, health departments and services, other workshops, Society for Crippled Children and Adults, Crippled Children's Service, United Fund drives or agencies, trade and labor unions, and various disability groups.

The objective or services provided by a particular workshop will dictate to some extent the areas of mutual interest. I cannot imagine a workshop, even where the primary objective is limited to employment, where the program cannot be greatly enhanced by services and efforts of other agencies. To believe otherwise is as ridiculous as a director who brags about having a good board relationship merely because "they let me alone and I operate things as I please."

The Division of Vocational Rehabilitation is a public service. The agency belongs to the community. Its employees, similar to the director of a workshop, are employed merely to carry out the intent of the program. Rehabilitation services can be greatly strengthened by workshop activities being available in a community. DVR personnel should be concerned with the development of well-organized and directed workshops and other facilities to provide better rehabilitation services. The attitude between the two agencies should be one of cooperation and not domination.

There is a cardinal principle I try to keep always in mind. This principle may be compared with addition of fractions. The process becomes simple with a common denominator. For example:

1/2 plus 1/3 = 5/6

Six is the common denominator; thus, an otherwise complicated process becomes simple.

Services for handicapped persons should be a common denominator for all agencies engaged in rehabilitation. Certainly, this includes workshops and Divisions of Vocational Rehabilitation, as well as other agencies. It is my opinion that any agency or individual who does not accept this philosophy should not be engaged in rehabilitation work. Seldom, if ever, should there be a misunderstanding between two agencies or individuals that cannot be satisfactorily resolved if rehabilitation of the handicapped is the final goal. Problems are greatly reduced when there is a common interest and intent. May I use a personal reference to emphasize this point?

The Alabama Society for Crippled Children and Adults and the Alabama Division of Vocational Rehabilitation jointly sponsor a rehabilitation workshop and facility program. The program has been established on the basis of specific standards and procedures agreed upon by the two agencies. This has been done in order to assure efficiency and high quality of performance. The over-all policy relating to management and control of the facilities has been agreed upon by both the board of the State Society and the Division of Vocational Rehabilitation.

Twelve rehabilitation workshops and facilities have been established and are operating satisfactorily under this joint arrangement. The DVR and the Alabama Society have joined with other state and private non-profit agencies in developing and operating rehabilitation facilities. One example is the Comprehensive Center for the Blind, located at the Alabama Institute for Deaf and Blind. DVR assisted in establishing and later in expanding the workshop, which is a part of the facility. The Society joined with the two agencies in establishing and operating a non-blind unit within the facility. The Alabama Society and DVR have successfully joined with two state trade schools in developing facilities.

These facilities would never have been developed if it were not for the joint efforts of the various agencies. A common interest in providing better services for the handicapped is the secret of these facilities having been established and continuing to operate.

The kind of philosophy outlined is extremely important. One cannot convey the spark of cooperation to someone else unless he has felt it first.

Developing good working relations is not a mechanical process. It must be planned and developed through common interest and purpose. Let's take a quick look at some of the interests workshops and Vocational Rehabilitation should have in common:

1. Establishing and providing initial equipment for a workshop, including initial staffing, if the services are broad enough to qualify as a facility.

Public Law 565 makes provisions for federal funds to be used for this purpose, provided certain other standards are met.

2. Medical examinations and physical restoration for certain individuals. Frequently, this service must be obtained away from the workshop. Medical examinations and follow-up physical restoration may be arranged for and paid for by the Division of Vocational Rehabilitation.

3. Selecting clients and providing vocational evaluation for those who it is felt can profit from services available at workshops. This is a service which Vocational Rehabilitation can purchase on a per-case basis from the workshop.

4. Vocational and personal adjustment training. This is a service needed by many clients before they can function even under sheltered conditions. Vocational Rehabilitation can purchase vocational and personal adjustment training services from the workshop.

5. Work experience. This is a necessary service for many Vocational Rehabilitation clients who have never had successful employment experiences. Work experience to develop good work habits, work tolerance, and certain intangible characteristics is a service too frequently overlooked by DVR personnel.

6. Employment. There are many disabled people who, due to the severity of the disability and other reasons, need gainful employment under controlled conditions over an extended period. There is a real need in most communities for workshops to provide this service.

7. Placement and follow-up. We should have as our ultimate objective the provision of selective placement for every person who can be absorbed into the competitive labor market. A good working relationship should be developed with the Employment Service in order that selective placement may become a part of the total program.

The areas mentioned by no means include all the common interests between workshops and Divisions of Vocational Rehabilitation.

Relationships with such agencies as Wage and Hour and Contracts Divisions, Workmen's Compensation, and others are as important as relationships with Vocational Rehabilitation. A workshop director is negligent in his duties when he is not familiar with the provisions of agencies or divisions which are charged with the responsibility of carrying out specific programs. Contacts should be made with the Wage and Hour and Contracts Divisions before going into production or subcontract work. Handling matters of this nature is just as much a part of the director's job as looking after day-to-day operation in the workshop.

In conclusion, I shall briefly mention some attributes helpful in developing and maintaining a good personal and working relationship with individuals and agencies.

Key personnel from Vocational Rehabilitation and other agencies should be included in the initial planning for the establishment or expansion of a workshop. It is much easier to establish a good working relationship in the beginning rather than wait until the needs for other services become acute. In fact, most problems can be avoided by good planning and proper coordination of services from the beginning. One who spends his time trying to solve problems allowed to develop due to poor planning has little time left for constructive work.

The workshop should demonstrate a genuine interest in the program of services of other agencies. One must be familiar with the services of an agency in order to properly utilize them.

Conflicts with individuals and agencies should be avoided. Do not be too critical when a mistake is made. Acknowledge your mistakes and accept mistakes made by others.

Workshop personnel must keep in mind that no public program can grow and improve without public and community approval. Honesty and sincerity with some warmth and human emotion aid greatly in establishing good relationships; this begins with answering the phone and extends to all phases of operation. No workshop program is better, or worse, than what important elements of the public and community think it to be.

Factual knowledge and sincerity contribute more to success than many so-called public relations techniques.

Group Discussion on Management

1. What kind of personnel qualifications are necessary in order to insure good management?

2. What responsibilities does the workshop have for informing DVR personnel as far as workshop policies, procedures, services, problems, and limitations are concerned, and vice versa?

3. What is the responsibility of the established and successful workshop for in-service training for new or struggling workshops?

4. How can all phases of communication (with staff, DVR, other agencies, employees, the community) be improved?

5. What are the most desirable procedures for bookkeeping and cost accounting?

6. How do you maintain the balance between running a business in a workshop and rehabilitating your best employees?

7. How is cost of workshop operations determined? How much community support, if any, is needed?

8. What should the workshop do about workmen's compensation and other fringe benefits? What kind of records should the shop keep with respect to wages and hours?

Group I Report, presented by Richard Andrews. Our first question asks what kind of personnel qualifications are necessary in order to insure good management. We listed several attributes we felt were necessary--leadership, effective personality, a desire and a willingness to learn, a good educational background of training, experience, and formal schooling. We felt that these people should have a concern for people, have an ability to organize people, and--more important--the ability to utilize and to recognize the talents of others in order to set up a good program. The primary necessity, we felt, is some experience within the management field, so that he will know what is going on and have sense enough to keep track of what is going on. A workshop manager has to have a very real desire to be in this business. Rehabilitation is something you can't be in just to make a living out of. When you are dealing with people and involving yourselves with their problems you have to have an ability to relate to people and to help solve some of the problems involved. Our last question was number seven, "How is the cost of workshop operation determined and how much community support, if any, is needed?" We feel that the community's supportive agencies and contributions and subsidies to the workshop should not subsidize business, e.g., a shop's subcontract work. The community should not in any way pay costs that allow business to get something for which it does not pay. We feel, though, in like manner, that business--particularly in a subcontract setting--should not be expected to pay for supportive services or agencies. In its subcontract dealings, the workshop as such should be a pure business. The total cost for the workshop's operation, of course, includes all costs involved, but as far as the direct business cost is concerned, it must be figured out by subtracting the additional costs incurred because of the supportive services being furnished within the framework of your business. We feel that purchasing agencies should pay fees that realistically reflect the cost of the services which are purchased. What we are

talking about basically is that if an agency purchases services from a workshop, it should pay the cost of that service--not just a token amount; too often the cost is quite a bit more than the actual fee paid.

Group II Report, presented by Lee Dees. Our group was responsible for discussing questions two and eight. Question two was, "What responsibilities does the workshop have for informing DVR personnel insofar as workshop policies, procedures, services, problems, and limitations are concerned, and vice versa?" This is certainly a two-way situation where there should be sharing on the part of both counselor and workshop. One way in which this can be done is to have the counselors come through the workshop and the individual facilities in which their clients will be working. Another helpful idea is supplying the counselor with pertinent statistics of what the shop does, of the shop itself; e.g., how many people you place this year, and their disabilities. Another aid which Alabama has (which some of the rest of you may also have) is a facilities manual; this contains the name of each shop in the state, the manager, the liaison counselor, what services it has to offer, costs for services, and the procedure for getting a person into the facility. This is revised on a yearly basis, and is very helpful. Our last question was number eight, "What should workshops do about workmen's compensation and other fringe benefits?" We feel that workmen's compensation is essential. Here again there are several ways of handling this situation. Some workshops probably handle it on an individual basis. If a shop is unable to get workmen's compensation, it should carry liability insurance. Another good way is to have a blanket coverage of all agencies of a similar nature. For example, in Alabama a number of the shops are connected with the Alabama Society for Crippled Children and Adults, which carries a blanket coverage for all of these shops. It also carries a variety of fringe benefits for almost everybody in our group. There is certainly a need for some fringe benefits such as sick leave, annual leave, hospitalization, etc. Individual policies must be set up by the local boards and the local situation.

Group III Report, presented by Woodrow Lindler. Our group this afternoon discussed question three, "What is the responsibility of the established and successful workshop for in-service training for new or struggling workshops?" It was generally agreed that workshops have a moral and a professional responsibility to provide in-service training for needed new and struggling workshops. You notice we added the word "needed" to the question. We did that for two reasons: 1. it should be established by a community study that the new shop is actually needed and will operate under recognized principles and practices of sound workshop standards; 2. a struggling workshop should look to the state Workshop Association for help in identifying problems and training needs. We came up with a few ways in which established workshops could provide help and training. First of all, the established shops could make their facilities available for visitation or extended training to the managers and key personnel of struggling workshops. The established shops might also make available certain literature and procedures which have been found to be useful: e.g., rating scales, evaluation techniques, contract bid forms, accounting procedures, etc. Sharing certain policy procedures and providing on-site consultation for the staff of a struggling new workshop, for a reasonable fee if necessary, might also be helpful. Then, too, established shops might make available telephone consultations on critical problems. Lending key personnel for short periods of time to the struggling workshop was also suggested, as was helping organize and participating in training institutes.

Group IV Report, presented by Vernon Vinson. Group IV dealt with question four, "How can all phases of communication (with staff, DVR, other agencies, employees, and the community) be improved?" The group decided that this is an all-important factor in the success of any program. It is important to have a common philosophy, interest, and goal. Regular meetings with a representative from referring agencies are a possible solution. The referring agencies should be brought into the facility program from the very beginning. DVR and other referring agencies oftentimes have rules and regulations by which they must abide, and the facilities should become familiar with them. This should be a reciprocal matter. "Getting to know you" should be the theme. The workshop should be very conscious of the image it reflects in the community, and should be aware of the fact that the workshop can often give DVR or other referring agencies a good or a bad reputation because of its association with these facilities. When the community has the proper image of the workshop and the DVR program, placements and contracts will come much more easily. It was suggested that in your everyday relationships, whether it be in your fraternal organizations or your church or what, you should be talking rehabilitation and facility programs at all times. One person brought out that he has had several people contact him from church wanting workers. Another factor brought out was that professional people working in the fields serving people must be big enough to put petty and personal differences behind them for the good of the handicapped person that they are trying to serve. We discussed the advisability of bringing referring agencies into the selection of workshop personnel; it was the general feeling of the group that referring agencies should not interject themselves into this. In some places DVR representation on the workshop's board has been good; it has helped interpret this facility's program to the state director and other DVR personnel, and has been a real asset in getting DVR support for the workshop.

Group V Report, presented by Hubert Gilmore. We dealt with question five, "What are the most desirable procedures for bookkeeping and cost accounting?" We felt that the system of accounting and bookkeeping should be based on a statement of the purposes of the accounts. The purposes might include: keeping accurate records for planning and controlling actions, checking on the shop's progress and achievement, and things of that nature. One person should be delegated and held responsible for the accounting and bookkeeping; in the small shop we might have a foreman who is also the accountant and bookkeeper, sales person, and everything else. It was suggested that insofar as possible the accounting and bookkeeping activities be used to train clients in this area. The accounts should be such that they could be made available day by day and easily interpreted; these accounts should be available to the board of directors on call or at least monthly for the board meetings. The system should include some adequate method of inventory so that current data on the status of supplies, equipment, etc., is readily available. The records should show the actual cost of rehabilitation so that you can give the community or anyone else who is interested some idea of the cost of rehabilitation cases in the shop; sometimes workshops are called on to justify the extra cost of production over that of an industrial type of situation. Overhead costs of production in a workshop include such items as the cost of client re-evaluation; of the continuous training of clients; of the efforts on the part of shop personnel to place the clients in industry, as opposed to industry's getting a good worker and keeping him as long as possible. The workshop is constantly trying to get rid of the client, and the supervisory requirement for the more severely handicapped is greater than in the industrial plant.

Group VI Report, presented by Sigfried Dayan. Our question was, "How do you maintain a balance between running a business and a workshop and rehabilitating your best employees?" The first thing we did was to take exception to the question, because we feel that there is no real balance between running the business of the workshop and rehabilitating your best employees; rather, it is a continuing process. If you run your business well, you will secondly rehabilitate the individual as an outgrowth of this, because the end product of the workshop is the rehabilitation of the client. Then too, there is the possibility of clients becoming rehabilitated as valuable staff members. One other thing that should be taken into account is that you must do what will achieve the greatest amount of good for the greatest amount of people involved in your program. We were very fortunate in having in our group Dr. Adair, who spoke with us at length on the function of management; I would like to pass this on to you. First of all, a balanced budget is extremely important in management of a good shop; check your budget periodically; know if you are making money on a weekly basis; use a cash statement for this purpose; use your monthly reports for long-term planning. Then check your operations; see that your sales are adequate; see that your rehabilitation, your training, your production, and your public relations are working properly. In future planning, plan big but plan carefully; plant ideas for the future and then carry them through; motivate the people to get the job done and to accomplish your goal. Good management is the ability to delegate authority to people who have the ability to accept this authority and the responsibility that goes along with it. Finally, you must maintain your personal authority within your shop, even though there may be contradictions within your staff. Have faith in your convictions. In doing this, you will be a good manager.

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